



USED EQUIPMENT SPECIFICATION

Trailers / Support Vehicles

CONTACT INFORMATION

Name _____ Company _____

Address _____

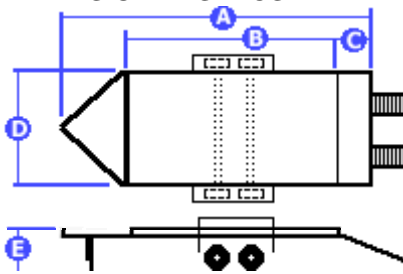
Phone _____ Fax _____ e-Mail _____

TRAILER

Manufacturer _____ Model # _____ VIN _____

GVW _____ Tire Condition: New / Good / Fair / Worn

DIMENSIONAL SPECS



- A** _____
- B** _____
- C** _____
- D** _____
- E** _____

- # Axles _____ Single / Tandem
- Tire Size _____
- Brakes None / Air / Electric / Surge
- Hitch Ball / Pintle / Fifth Wheel

Appearance / Condition / Additional Information: _____

SUPPORT VEHICLE

Year _____ Make _____ Model # _____ VIN _____

GVW _____,000 lb Tires New / Good / Fair / Worn Miles _____ Engine: Size _____ Gas / Diesel

Appearance / Condition / Additional Information: _____

ADDITIONAL ITEMS AND INFORMATION

Thank you for taking the time to provide us with this information. You will be contacted as soon as possible.

Please mail your completed form to:

Or Fax to:

**Source: HDD
1450 S. Spencer Rd
Newton, Kansas USA 67114**

316-283-5718