

ADESA TRUCK CONSIGNMENT CHECK-IN SHEET
(PLEASE FAX BACK TO 724-662-1831)

NAME OF SELLER _____ # _____

SALE DATE _____ **FLOOR AMOUNT\$** _____

YEAR: _____

MAKE: _____

MODEL: _____ **COLOR:** _____

VIN #: _____ **MILES:** _____

SLEEPER TYPE: _____

ENGINE MAKE/MODEL/HORSEPOWER: _____

TRANSMISSION MAKE/MODEL: _____

TRANSMISSION SPEED: _____

SUSPENSION TYPE: _____

FRONT AXLE CAPACITY (# LBS)'' _____

REAR AXLE CAPACITY (#LBS): _____

FIFTH WHEEL: _____

SLEEPER SIZE (# INCHES): _____

INTERIOR: _____

BODY TYPE: _____

WHEEL BASE (# INCHES): _____

WHEELS FRONT ALUM. OR STEEL: _____

WHEELS REAR ALUM. OR STEEL: _____

JAKE BRAKE: YES _____ **NO** _____

AC: YES _____ **NO** _____ **TILT/TELE** _____

CRUISE CONTROL: YES _____ **NO** _____ ; **POWER WINDOWS: Y** _____ **N** _____

ADDITIONAL SPECS/COMMENTS: _____

****** PLEASE FAX BACK A COPY OF THE TITLE ALONG WITH THIS FORM AND DMV
REQUIRES ALL VEHICLES TO HAVE LEGIBLE PUBLIC VINS IN THE DOOR FRAME******

SIGNATURE

DATE