

VEHICLE GET-READY

STOCK NO. _____

USED VEHICLE DEPT

SOLD TO: _____

DATE: _____

ADDRESS: _____

SALESPERSON: _____

TYPE: _____

V.I.N.: _____

COLOR: _____

MOTOR NO.: _____

KEY NO./CODE: _____

PUT ON

CERTIFIED VEHICLE

EQUIPMENT: YES NO

SMOG

SAFETY

LOF

DETAIL

OTHER

PROMISED TIME: _____

APPROVED BY: _____

TAKE OFF

EQUIPMENT: _____

COMMENTS: _____

READY FOR DELIVERY: _____

SERVICE MANAGER: _____

