



COMMERCIAL TRUCK & TRAILER SPECIFICATION SHEET

APPLICANT & SELLER INFORMATION

Applicant's name:		
Dealer/Seller's name:	Phone number:	Contact name:

POWER UNIT

Model year:	<input type="checkbox"/> New <input type="checkbox"/> Used	<input type="checkbox"/> Straight truck <input type="checkbox"/> Tractor	<input type="checkbox"/> Cab over engine(COE) <input type="checkbox"/> Conventional
Manufacturer:	<input type="checkbox"/> Ford <input type="checkbox"/> Freightliner <input type="checkbox"/> GMC <input type="checkbox"/> International <input type="checkbox"/> Kenworth <input type="checkbox"/> Mack <input type="checkbox"/> Peterbilt <input type="checkbox"/> Volvo/WhiteGMC <input type="checkbox"/> Western Star <input type="checkbox"/> Sterling <input type="checkbox"/> _____		
Model number:	<input type="checkbox"/> Medium duty unit <input type="checkbox"/> Heavy duty unit		
Engine manufacturer:	<input type="checkbox"/> Caterpillar <input type="checkbox"/> Cummins <input type="checkbox"/> Detroit Deisel <input type="checkbox"/> _____	Engine model number: _____	Engine horsepower: _____ Engine brake: <input type="checkbox"/> Yes <input type="checkbox"/> No
Transmission manufacturer:	<input type="checkbox"/> Allison <input type="checkbox"/> Dana/Spicer <input type="checkbox"/> Eaton/Fuller <input type="checkbox"/> Merritor/Rockwell <input type="checkbox"/> _____	Transmission model number: _____	Transmission type: <input type="checkbox"/> Automatic <input type="checkbox"/> Manual
Number of forward gears:	<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 13 <input type="checkbox"/> 15 <input type="checkbox"/> 18	Overdrive transmission:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sleeper length (inches): _____	Sleeper height/roof:	<input type="checkbox"/> Flat top <input type="checkbox"/> Mid roof <input type="checkbox"/> Raised roof/Condo/Penthouse	Sleeper style: <input type="checkbox"/> integral type (cab & sleeper are one unit) <input type="checkbox"/> Box type <input type="checkbox"/> Custom <input type="checkbox"/> After market
Read axle: <input type="checkbox"/> Single rear axle <input type="checkbox"/> Tandem rear axle	Rear suspension:	<input type="checkbox"/> Spring suspension <input type="checkbox"/> Air Ride suspension	
Aerodynamics <input type="checkbox"/> Cab extenders <input type="checkbox"/> Roof fairing <input type="checkbox"/> Fuel tank fairing	Air suspension cab:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fifth wheel: <input type="checkbox"/> Stationary <input type="checkbox"/> Manual slide <input type="checkbox"/> Air slide	Aluminum Wheels:	<input type="checkbox"/> Zero <input type="checkbox"/> Two <input type="checkbox"/> Four <input type="checkbox"/> Six <input type="checkbox"/> Ten	
Fuel tanks: <input type="checkbox"/> Single tank <input type="checkbox"/> Dual tanks	Fuel tank material:	<input type="checkbox"/> Steel <input type="checkbox"/> Aluminum	Total capacity (gallons) _____
Warranty:	Vehicle mileage (REQUIRED ON USED UNITS):		
Additional specifications:			

TRAILER

Model year:	<input type="checkbox"/> New <input type="checkbox"/> Used	Manufacturer:	
Trailer type:	<input type="checkbox"/> Dry Van <input type="checkbox"/> Refrigerated Van <input type="checkbox"/> Flatbed <input type="checkbox"/> Step Deck <input type="checkbox"/> Drop Deck <input type="checkbox"/> Bulk <input type="checkbox"/> Grain Hopper <input type="checkbox"/> Livestock <input type="checkbox"/> Tanker <input type="checkbox"/> _____		
Length (feet):	Width (inches):	Height (feet):	Construction: <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel
Doors: <input type="checkbox"/> Yes <input type="checkbox"/> No	Door type: <input type="checkbox"/> Roll up <input type="checkbox"/> Swing	Floor type:	
Refrigeration Unit: <input type="checkbox"/> Carrier <input type="checkbox"/> Thermo King	Model Number: _____	Hours: _____	
Refrigeration unit model year: _____	Type of Freon: _____		
Number of Axels: <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> _____	Axle type:	<input type="checkbox"/> Fixed <input type="checkbox"/> Slide <input type="checkbox"/> Spread	
Suspension: <input type="checkbox"/> Spring <input type="checkbox"/> Air Ride	Tire size:	Number of aluminum wheels:	
Additional specifications:			

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