

RTR Services Inc. BOX TRUCK CONDITION REPORT		RTR #: 3103716	ACCOUNT NUMBER: ACCOUNT NAME:
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YEAR: 2015	MILES: 224,650	VIN#: 3HAMMMMM4FL182514
MAKE: International	GVW: 25,500	BOX HEIGHT: 13'
MODEL: 4300	WHEELBASE: 240	BOX LENGTH: 26'
ENGINE: Cummins ISB 6.7L	HP:	BOX WIDTH:
TRANS: Allison Automatic	FUEL: <input type="checkbox"/> GAS <input checked="" type="checkbox"/> DIESEL	COLOR: EXTERIOR: White
DOES MOTOR RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CAN IT BE DRIVEN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INTERIOR: Beige
KEYS: IGNITION: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO • DOOR: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
ANTIFREEZE TESTED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
RATING:		
COLLISION DAMAGE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

PHYSICAL APPEARANCE

	GD	FR	PR	N/A	COMMENTS	OPTIONS	
BODY	FRONT BUMPER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> PWR STEERING	
	HEAD LIGHTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> BRAKES	
	HOOD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> AIR	
	TURN SIGNALS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HYD	
	GRILL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PWR LOCKS	
	D FRONT FENDER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PWR WINDOWS	
	D DOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PWR SEATS	
	D BOX	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PWR MIRRORS	
	REAR BUMPER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> AIR CONDITIONER	
	TAIL LIGHTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AIR RIDE SEAT D/P _____	
REAR PANEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AIR RIDE SUSPENSION		
P FRONT FENDER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> AM FM RADIO		
P FRONT DOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> TAPE / CD / CB? <u>CD</u>		
P BOX	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SLEEPER SIZE? _____		
TOP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> TRANSLUCENT ROOF		
TIRES	D FRONT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> E-TRACK LINING	
	D REAR A1 (S/D?)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BOX DOME LIGHT	
	D REAR A2 (S/D?)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> SIDE DOOR	
	P FRONT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FUEL TANKS	
	P REAR A1 (S/D?)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> SINGLE GAL <u>50</u>	
	P REAR A2 (S/D?)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> DUAL GAL _____	
	SPARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> MUD FLAPS	
GLASS	WINDSHIELD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WHEELS	
	D FRONT DOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ALUMINUM	
	REAR WINDOW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> STEEL	
	P FRONT DOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BUD	
INTERIOR	MIRRORS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SPOKE	
	DASH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> EXHAUST S/D? <u>S</u>	
	DOOR PANELS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUSPENSION	
	SEAT(S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AIR	
	FLOORING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> SPRING	
	HEADLINER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PAD	
MECHANICAL	SLEEPER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> TANDEM AXLE	
	BOX	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ENGINE BRAKE	
		GD	FR	PR	UKN	N/A	<input type="checkbox"/> TOOL BOX _____
	ENGINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LIFT/TAG AXLE
	TRANSMISSION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> RAMP
	CLUTCH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> LIFT GATE
	DIFFERENTIALS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	BRAKES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FRONT END	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
REAR END	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
BATTERY/ELECTR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
REFRIGERATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

COMMENTS: Mileage unverified. Tear on upper corner of bed. Scratches throughout

01/26/2024

_____ EMPLOYEE'S FULL NAME (PLEASE PRINT)	_____ DATE	_____ EMPLOYEE'S SIGNATURE
By signature above I do hereby certify all information contained within this report to be true and accurate to the best of my knowledge at present.		