Shottenkirk JASPER

GUEST SHEET

Guest Name: Visit Date: Visit Time:

How did you hear about us? Sales Associate:

VEHICLE SELECTION

Are you interested in? ❑ New ❑ Used ❑ Best Value

Year Make Model

Notes:

Mileage Parameters (If considering pre-owned)

Equipment Preference #1:

Equipment Preference #2:

Optional:

Exterior: ❑ Lighter ❑ Darker ❑ Other

Interior: ❑ Lighter ❑ Darker ❑ Other

TRADE VEHICLE INFORMATION

Is this vehicle? ❑ Financed ❑ Leased ❑ Owned

Year Make Model

Trim Level Color Mileage

What is/was the monthly payment?

If financed, what is the exact payoff?

If leased, how many payments remain?

Which lender (bank) is the vehicle financed or leased with?

If owned, do you have the title with you? ❑ Yes ❑ No

DESIRED VEHICLE BUDGET

Monthly Payment | Down Payment

(Maximizing your down payment results in lower monthly payments, less interest paid, better equity position, more flexible trade-cycle, and a potentially better financial package from lenders.)

GUEST INFORMATION

Legal First Name:

Legal Last Name:

Street Address:

City: State: Zip:

Best Contact Number: ( )

Best Email Address:

What is your preferred method of contact? ❑ Text ❑ Call ❑ Email

Will anyone else be involved in this purchase decision? ❑ Yes ❑ No

(if Yes, then who)

How would you currently rate your credit from **1** (lowest) to **10** (highest)?

❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6 ❑ 7 ❑ 8 ❑ 9 ❑ 10

MANAGER INTRODUCTION

VISIT PLANNING SECTION

1	Vehicle Selection	
2	Trade Evaluation	
3	Vehicle Presentation	
4	Vehicle Demonstration	
5	Credit Verification	
6	Present Purchase Options	
7	Finalize Paperwork	7

**customizations in step order may result in additional time required to complete transaction*

Manager: Time:

I have obtained the guest's drivers license and verified that it is the correct person ❑ , it is currently valid (not expired) ❑ , and that the home address is correct ❑.

TRADE HISTORY

YES NO

- ❑ ❑ Are you the vehicle's original owner?
- ❑ ❑ Do you have the original keys? How many ____?
- ❑ ❑ Did you regularly service the vehicle?
- ❑ ❑ Do you have all of the service records?

YES NO

- ❑ ❑ Has the vehicle ever been repainted?
- ❑ ❑ Has the vehicle ever been smoked in?
- ❑ ❑ Have the tires been replaced in the last 6 months?
- ❑ ❑ Was an extended service contract purchased?

Has the vehicle ever had (check all that apply): ❑ Hail damage ❑ Flood damage ❑ Body damage ❑ Major mechanical repairs

Please describe the issue(s) from above: _____

TRADE CONDITION

Please rate the below 10 key condition areas on your trade on a scale from 1-8 with 8 being the best current condition.

_____ **Tires** - How many Miles are on the current set of tires? _____

_____ **Brakes** - When was the last time the brakes were serviced? _____

_____ **Paint & Body** - Are there any scratches or dents larger than 2 inches? _____

_____ **Glass** - Are there any stars, chips, or cracks anywhere on the glass? _____

_____ **Maintenance** - Has all required maintenance been performed? _____

_____ **Interior** - Are there any stains or damage to the interior? _____

_____ **Wheels** - Are there any scrapes or scuffs on any of the wheels? _____

_____ **Electronics** - Are all electronics working as designed? _____

_____ **Suspension** - Does anything feel off with the suspension? _____

_____ **Engine** - Are you aware of any known current mechanical issues? _____

TRADE CONDITION SCORE (this is the sum total of the 10 key condition areas above)

If you did not trade this vehicle in, what is the next service, maintenance item, or repair that would be needed?

_____

Please note with an **X** the location of any scratches, dents, glass damage, or body damage on the vehicle. If the vehicle Is a truck, SUV, or van then place the X in the closest approximate area.