



Randy Peck
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Appraisal Collection Form

Appraisal Date: _____

Vehicle Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Make: _____ Model: _____

Year: _____ Plate Number: _____

Vehicle ID #: _____ Mileage: _____

Appraisal Purpose: _____

Vehicle Body & Engine Information

Body Style: _____

Body Color: _____

Top Color/Type: _____

Interior Color: _____

Engine Size & Type: _____

Carburetor: _____

Approx Horsepower: _____

Transmission: _____

Tire Type: _____

Tire Size: _____

Modifications: _____

Last Restoration: _____

Paint Approx Age: _____

Optional Equipment: _____

<u>Equipment</u>	<u>Seats</u>	<u>Options</u>
Air Conditioning <input type="checkbox"/>	Power <input type="checkbox"/>	Mirrors <input type="checkbox"/>
Power Brakes <input type="checkbox"/>	Bucket <input type="checkbox"/>	Padded Dash <input type="checkbox"/>
Power Steering <input type="checkbox"/>	Bench <input type="checkbox"/>	Clock <input type="checkbox"/>
Power Windows <input type="checkbox"/>	Split <input type="checkbox"/>	Seat Belts <input type="checkbox"/>
Power Locks <input type="checkbox"/>	Leather <input type="checkbox"/>	Tutone <input type="checkbox"/>
Cruise Control <input type="checkbox"/>	Vinyl <input type="checkbox"/>	Tinted Glass <input type="checkbox"/>
Tilt Wheel <input type="checkbox"/>	Cloth <input type="checkbox"/>	Smoked Glass <input type="checkbox"/>
Remote Mirror <input type="checkbox"/>	Velour <input type="checkbox"/>	Dual Exhaust <input type="checkbox"/>
Power Antenna <input type="checkbox"/>	Seat Covers <input type="checkbox"/>	Positraction <input type="checkbox"/>
Power Top <input type="checkbox"/>		Fender Skirts <input type="checkbox"/>
		Rocker Molding <input type="checkbox"/>
		Sun Visor <input type="checkbox"/>
		Spot Light <input type="checkbox"/>
		Tachometer <input type="checkbox"/>
		Car Cover <input type="checkbox"/>
		AM Radio <input type="checkbox"/>
		AM/FM Radio <input type="checkbox"/>
		CD Player <input type="checkbox"/>
		Tape <input type="checkbox"/>
		Original Radio <input type="checkbox"/>

Exterior Condition

	<u>Excellent</u>	<u>Very Good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Comments</u>
Paint Finish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Paint Scratches/Chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Underhood Paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Body Panels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Body Alignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bumpers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bumper Shape Alignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Moldings & Emblems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wheels & Covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Grille	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tail Lights & Lenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Undercarriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Convertible Top	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Interior Condition

Dash Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Visors & Headliners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Door Panels/Arm Rests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Carpeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seat Upholstery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Door Sill Plates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Instrumentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Window/Roof Weatherstrip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Floor Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Trunk

Trunk Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Trunk Weatherstrip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Trunk Paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Notes

Documentation: _____

Receipts: _____

History: _____

Total Produced: _____

Additional Notes/Comments:

I certify that to the best of my knowledge and belief all of the information on this form is correct.

Signed

Date