Commercial Trailer

Valuation Request Form

Vehicle Valuation Services™ The Recognized Authority

1.888.475.9975 *Phone*
1.888.475.9935 *Fax*
www.vvsi.com
general@vvsi.com

Office ID Number: _____ Company: _____

Claim Rep Name: _____ Email: _____

Phone / Fax: _____ Calculate Sales Tax: ☐ Car Fax Requested: ☐

License Fee Amount: _____ Deductible: _____

Salvage Value: _____ Salvage Bid Requested: ☐ Claim Ref #: _____

Type Of Loss: _____ Date Of Loss: _____

Owner / Insured: _____ Insured Phone / Contact: _____

City / State / Zip: _____

Appraiser Company: _____ Appraiser Name: _____

Appraiser Phone / Email: _____ Appraisal Amount: _____ ACV Amount: _____

VIN: _____

Year: _____ Make: _____ Model: _____

Type: Choose One

Dump Type: Choose One

Flatbed Type: Choose One

Other: _____

Exterior Choose

# of Axles _____ Length _____ Previous Salvage/Branded Title: ☐

Options

Trailer Components

Height _____

Width _____

Sliding Axle ☐

Suspension: Choose One

GVW _____

ABS ☐

Interior Lining Choose One

Insulated ☐

Rear Door Type Choose One

Side Door ☐

SS Front Panel ☐

Outside Wheel Type: Choose

Inside Wheel Type: Choose

Tire Size _____

Liftgate Capacity: Choose One

Spread Axle ☐

Aero Skirts ☐

Tarp: Choose

SS Radius Panels ☐

Refrigerated Trailers

Cooling Unit Year _____

Cooling Unit Mfg _____

Cooling Unit Model _____

Cooling Unit Hours _____

CARB Compliant ☐

Tank Trailers Only

Tank Size _____

Compartments _____

Baffled ☐

Pump System ☐

Heated ☐

Commodity Carried _____

Tank Code Choose

Other Items: _____

Conditions

Interior

Lining Choose

Exterior

Body Choose

Paint Choose

Mechanical

Hydraulics Choose

Cooling Unit Choose

Tires

Front Tire Wear Remaining _____ %

Rear Tire Wear Remaining _____ %

Refurbishments _____ Date/Cost _____ Prior Damage Description _____ Amount _____

Condition Ratings: 1 = Excellent 2 = Above Average 3 = Average 4 = Below Average 5 = Poor PLEASE SEND PHOTOS IF AVAILABLE