



1070 Commerce St. Ste. E
San Marcos, CA. 92078
760.798.1693 F.760.406.4838
FrontDesk@CommerceFinancialUSA.com

Trailer Condition Report

Applicant Name _____ Application # _____
VIN # _____ Year _____
Make _____ Model _____

BOX / DECK

Refrigeration.....Y / N
Make / Model / # Hours _____
Length _____
Height _____
Wooden Deck.....Y / N
Condition: Good / Fair / Poor (circle one)
Aluminum Box.....Y / N
Condition: Good / Fair / Poor (circle one)

AXLES

Single / Dual / Triple (circle one)
Weight Capacity _____

TIRES

Right Front _____ % Remaining
Right Rear _____ % Remaining
Left Front _____ % Remaining
Left Rear _____ % Remaining

BRAKES _____ % Remaining

Photos Attached? Yes / No

Print Name – Title - Company

Phone Number

Signature

Date

Signer has personally inspected the subject equipment

Broker Signature

Date

Required if report not completed by broker or broker's representative.

Note: A facsimile of this report with signature shall be considered to be an original.

