

Date: ____/____/____

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**Want to Sell: MACHINERY /
 EQUIPMENT**

Name:		Phone:		Phone (other):		Email:	
Year:	Make:			Model:		Serial #:	
Engine Make:			Engine Model:		HP:	Odometer:	Hours:
Transmission:		Speeds:	Transmission Type: <input type="checkbox"/> 2WD <input type="checkbox"/> 4WD		Dimensions: L _____ W _____ H _____ Weight: _____		
Runs: <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' - <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor				Oil Leaks or Seepage: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Problems: _____				If 'Yes', where? _____			
Cab Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		Glass:		Heat Works: <input type="checkbox"/> Yes <input type="checkbox"/> No		A/C Works: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Brake Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		Brake Type: <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic		Lights Work: <input type="checkbox"/> Yes <input type="checkbox"/> No		Gauges Work: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric Panel: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		Hydraulics: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		Steering: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		Hoses: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Under Carriage: %	Sprockets:: %	Pins & Bushings:: %	Track Condition: L _____ W _____		Grouser Pads:: %		
Additional Attachments / Improvements:							
<input type="checkbox"/> Hydraulic Quick Disconnect		<input type="checkbox"/> 3rd Valve		<input type="checkbox"/> Ride Control		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Manual Quick Disconnect		<input type="checkbox"/> Open ROPS		<input type="checkbox"/> Closed ROPS		_____	
Front Bucket Dimensions: W _____ D _____ H _____				Rear Bucket W _____ D _____ H _____			
Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor				Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
Fork Size:		Roller Size:		Roller Type: <input type="checkbox"/> Vibratory <input type="checkbox"/> Non-Vibratory		Drum Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Blade Size:			Blade Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			Lowest Acceptable Price: \$ _____	

Comments (Defects, Problems, Options, Etc.):

NOTE: Please email plenty of photos so we can make an informed decision concerning your vehicle(s).