

MOTORHOME APPRAISAL FORM – BERRYLAND CAMPERS

OWNERSHIP INFORMATION

Name Unit Registered In: _____
Phone Number: _____ E-mail Address: _____
Registration Street Address: _____
City: _____ State: _____ Zip: _____
Original Owner? (Y/N) _____ If NO, how many years have you owned it? : _____
Where did you purchase the unit from?: _____
Do you have the title? (Y/N) _____ If NO, what is the current payoff? _____
Extended Warranty: (Y/N) _____ If YES, who is the provider?: _____

UNIT INFORMATION

Year: _____ Make: _____ Model #: _____
Chassis/Engine: _____ Current Mileage: _____
Number of Slide Rooms: _____ Generator Brand/Size: _____ Current Hours.: _____
Full Body Paint? (Y/N): _____ ALCOA Rims? (Y/N): _____ Satellite? (Y/N): _____
Leveling Jacks? (Y/N): _____ Rear Camera? (Y/N): _____ Side Cameras? (Y/N): _____
Washer/Dryer? (Y/N): _____ If YES, Stackable or Combo Unit? _____
How many A/C units? _____ A/C Sizes: _____ Are they ducted? (Y/N): _____
Slide Toppers? (Y/N): _____ Navigation? (Y/N): _____ Heated Floors? (Y/N): _____
Tile Flooring? (Y/N): _____ Residential Refrigerator? (Y/N): _____ Spare Tire? (Y/N): _____

UNIT CONDITION

Is the unit used full time? (Y/N): _____	Is the unit used for work? (Y/N): _____
Any Dash Warning Lights On? (Y/N): _____	Does the dash A/C Blow Cold? (Y/N): _____
All Factory Furniture? (Y/N): _____	Is the furniture peeling? (Y/N): _____
Has the unit been smoked in? (Y/N): _____	Do you travel with pets? (Y/N): _____
Any water damage or leaks? (Y/N): _____	Garage Kept? (Y/N): _____
Sidewall Delamination? (Y/N): _____	Exterior fading or peeling? (Y/N): _____
Windshield Stars? (Y/N): _____	Windshield Cracks? (Y/N): _____
Original Tires? (Y/N): _____	If NO, date replaced? _____
Good House Battery? (Y/N): _____	Good Chassis Battery? (Y/N): _____
Power Awning? (Y/N): _____	Awning Fabric Good? (Y/N): _____

INTERIOR OR EXTERIOR DAMAGE:

AFTERMARKET FEATURES OR ADDS:

IS THERE ANYTHING ON THE UNIT THAT IS NOT WORKING LIKE IT IS SUPPOSED TO? (Y/N) _____

ITEMS NOT WORKING PROPERLY:

NADA WHOLESALE: _____
NADA RETAIL: _____
ACV: _____
MANAGER: _____

CUSTOMER SIGNATURE: _____