

VEHICLE ANALYSIS

*REQUIRED INFORMATION

COMPANY INFORMATION

*Legal name of business: _____ DBA or trade name: _____

*Physical business address: _____

*City: _____ *State: _____ *ZIP: _____ *Phone: _____

Contact (name): _____

Email: _____ Phone: _____

Will contact be making purchase decision: No Yes If no, name of person making decision: _____

Type of business (specialty): _____

VEHICLE REQUIREMENTS

*Vehicle type and model: _____

*Primary use of vehicle(s): Delivery Sales Medical Construction Transportation Other _____

*Will vehicle(s) require upfits: No Yes (typical upfits): _____

Number of vehicles currently in fleet: _____ Average miles driven annually: _____

Number of vehicles "retiring" this calendar year: _____ Will retired vehicles be: Traded Sold

Average monthly expenses: Repairs \$ _____ Fuel \$ _____ Other \$ _____

Average age of vehicles in fleet: _____ Annual fleet budget: \$ _____

Delivery forecast (units per month):

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC

DETERMINING PURCHASE OPTIONS

*How does business currently acquire vehicles: Cash Finance TRAC Lease Traditional Lease Other _____

*Monthly budget per vehicle: \$ _____

Does business currently have a line of credit (LOC): No Yes (with who?) _____

Is a commercial or small business LOC of interest: No Yes (how much is required): \$ _____

Are business financials available No Yes

ADDITIONAL INFORMATION: