

Used Vehicle Evaluation Worksheet

The Yellow School Bus Book's Consulting Division will evaluate your used bus(es) at the rate of \$150.00 per bus.

To order an evaluation, please complete the following worksheet with all available information and mail it with your check to:

**Marathon
P.O. Box 800279
Santa Clarita, CA 91380**

Credit card sales may be faxed or emailed. Please indicate where evaluation is to be mailed, faxed or emailed.

Section A - Basic Information

Year _____

PAX _____

Type _____

Bus # _____

Serial # _____

Odometer Reading _____

(Enclose picture if available)

Section B - Base Value

- Body manufacturer _____
- Body name or model _____
- Chassis manufacturer _____
- Engine (gas, diesel, propane or cng) _____
- Engine manufacturer name and model number _____
- Air brakes? **Yes No**
- Auto transmission? **Yes No**
- Handicapped lift? **Yes No**
- Air conditioning? **Yes No**
- Power steering? **Yes No**
- Are you selling unit in location where it has compliant specifications? **Yes No**

Section C - Body Condition

- Paint condition (Good, Average, Fair) _____
- Body condition (Good, Average, Fair) _____
- Seat condition (Good, Average, Fair) _____
- List missing parts:

Section D - Mechanical Condition

- Was engine overhauled in the last two years? **Yes No**
- Was transmission replaced in the last two years? **Yes No**
- How does unit run? (Good, Average, Fair)

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- What is the condition of the tires? (Good, Average, Fair)
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Section E - Other Adjustments

Check if equipment is applicable to this unit:

Built-in 2-way radio

Additional roof-mounted air conditioners

Dark tinted glass

Plywood sub floor

Luggage rack

Under-mounted luggage boxes

Brake retarder

Section F - Seasonal Adjustment

In what month and year do you plan to sell this unit? _____

Name of Person submitting the above information (please print) _____

Name of organization requesting this evaluation _____

Contact information phone/e-mail _____

Section F – Billing Information

Credit Card Type _____

Credit Card Number _____

Expiration Date _____

CSC Number _____

Name on Card _____

Billing Address _____

City _____

State _____

Zip Code _____