



Equipment Condition Report

Harbor Financial Services NW, LLC
 Phone (253) 460-1111 – Fax (253) 460-1940

Date: _____

Inspected by: _____

Vendor:		Lessee:	
Address:		Address:	
City & State:		City & State:	
Phone:		Phone:	

EQUIPMENT DESCRIPTION

Make: _____ Model: _____ Year: _____ Serial/VIN #: _____

PLEASE COMPLETE THE FOLLOWING:

ITEM	INFORMATION	CONDITION	EXPLAIN
Mileage			
Weight			
Tires			
Mast			
Capacity			
Engine (size/type)			
Hours			
Body			
Color			
Paint			
Transmission			
Drive Train			
Plates			
Rollers			
Belts			

Maintenance Record/Dates (Include Any Replaced/Recondition Parts):

Recommended Service/Repairs Required or Needed:

Attachments/Accessories/Customized/Modifications:

Overall Condition/Appearance:

The Lessee acknowledges that it is aware the Equipment leased pursuant to Lease # _____ and listed on the Equipment Condition Report is leased "AS IS, WHERE IS" and Harbor Financial Services NW, LLC (Lessor) has no knowledge of or responsibility for the condition of the Equipment. Lessee has made its own decision regarding the Lease of the Equipment and has had the opportunity to inspect the Equipment prior to the commencement of the Lease.

Vendor:	Lessee:
Signature:	Signature:
Title:	Title:
Date:	Date: