

In order for WCA, Inc. to market your equipment to the best of our ability, we would appreciate you taking a few minutes to provide us with as many details regarding the specifics of your consignment(s) as possible. Please make as many copies of this form as you need and return the completed form(s) to our corporate office at your earliest convenience. If you have any questions, please contact us at (760) 731-7760. Thank you.

Consignor Number: _____ Phone: _____
 Company Name: _____ Fax: _____
 Contact Name: _____ Mobile: _____
 Address: _____ City: _____
 Vehicle Dealer #: _____ State: _____ Zip Code: _____

Year: _____ **Make:** _____ **Model:** _____

Equipment/Body Type: _____ **Series:** _____

S/N: _____ **License:** _____ **Hours/Mileage:** _____

DMV Registration: Current/PTI Expired PNO Out of State Never Registered **Fuel or Power:** Gas Diesel LPG Solar Electric

Engine: _____ **Transmission:** _____

Suspension: _____ **Brakes:** _____

Bed Type: _____ **Length:** _____ **Capacity:** _____

Hydraulics: _____ **Ramps:** _____ **# of Axles:** _____

Wheels: _____ **5th Wheel:** _____ **Wheel Base:** _____

Other Features:

<input type="checkbox"/> A/C	<input type="checkbox"/> Conventional Cab	<input type="checkbox"/> 4 x 4	<input type="checkbox"/> Bucket Type _____
<input type="checkbox"/> AM Radio	<input type="checkbox"/> COE	<input type="checkbox"/> Standard Hoe	<input type="checkbox"/> Rear Scraper—# of Valves _____
<input type="checkbox"/> AM/FM Stereo	<input type="checkbox"/> Sleeper—Size & Type: _____	<input type="checkbox"/> Extension Hoe	<input type="checkbox"/> Moldboard Length _____
<input type="checkbox"/> Cassette		<input type="checkbox"/> Articulated Frame	<input type="checkbox"/> Rear Ripper
<input type="checkbox"/> CD Player	<input type="checkbox"/> Wet Kit	<input type="checkbox"/> Canopy	<input type="checkbox"/> 4- Barrel 2 Shank Rear Ripper
<input type="checkbox"/> DVD Player	<input type="checkbox"/> PTO	<input type="checkbox"/> Enclosed Cab	<input type="checkbox"/> Scarifier
<input type="checkbox"/> PS	<input type="checkbox"/> Ball Hitch	<input type="checkbox"/> Side Shift	<input type="checkbox"/> 3 Point Hitch
<input type="checkbox"/> PB	<input type="checkbox"/> Pintle Hitch	<input type="checkbox"/> Tip Control	<input type="checkbox"/> Digging Depth _____
<input type="checkbox"/> PW	<input type="checkbox"/> Cab Controlled Air Valves	<input type="checkbox"/> Front Push Block	<input type="checkbox"/> Dozer Type _____
<input type="checkbox"/> PDL	<input type="checkbox"/> Tool Boxes	<input type="checkbox"/> Stick Length _____	<input type="checkbox"/> Vibratory
<input type="checkbox"/> Tilt Steering	<input type="checkbox"/> Lift Gate	<input type="checkbox"/> Undercarriage Length _____	<input type="checkbox"/> Drum Size _____
<input type="checkbox"/> Cruise Control		<input type="checkbox"/> Hydrostatic Drive	<input type="checkbox"/> Self Propelled
<input type="checkbox"/> C/B		<input type="checkbox"/> Auxiliary Hydraulics	<input type="checkbox"/> Skid Mounted
			<input type="checkbox"/> Portable

Boom: _____ **Height:** _____ **Length:** _____ **Capacity:** _____

Stacks: _____ **Tire Size:** _____ **Sprays (Water Truck):** F F S S R R

Additional Components & Information: _____

Lienholder: No Yes **Company:** _____ **Account #:** _____

Contact: _____ **Phone:** _____

Services Needed:

<input type="checkbox"/> Hauling	<input type="checkbox"/> Smog Check/Repairs	<input type="checkbox"/> Upholstery
<input type="checkbox"/> Painting	<input type="checkbox"/> DMV Paperwork Assistance	<input type="checkbox"/> Glass
<input type="checkbox"/> Pressure Washing/Detailing	<input type="checkbox"/> Mechanical Repairs	<input type="checkbox"/> Tire

Details: _____