BigTruckSalvage



| | | 1 | | | | - | | | |
|--|--------------------|---|------------------------------|------------|--------------------|-----------|---------------------|---------------------|--|
| Trailer S | Salvage | 300 Corporate Center Ct., Stockbridge, GA 30281 | | | | | Phone: 770-474-4007 | | |
| _ | | www.bigtrucksalvage.com | | | | | <u>Fax:</u> 7 | <u>770-474-0976</u> | |
| Information Sheet | | | Your File Number: | | | | | | |
| Location of Salvag | | | | | | | 1 | | |
| Closing Date for Bids | | | Trailer ACV (Very Important) | | | | | | |
| Vin Number | | Type of Title (Important) | | | | | | | |
| Year & Make | | | | | | | | | |
| Trailer Size | | Length: | | 1 | Width: | 1 | | | |
| Trailer Type | <u>Check One:</u> | | Dry Van | | Reefer | | Cattle | | |
| If Other, please write type next to the box: | | | Flat Bed | | Dump | | Other | | |
| Condition | <u>Check One:</u> | | Good | | Fair | | Poor | | |
| Suspension | <u>Check One:</u> | | Spring | | Air | | Other | | |
| Tandem | <u>Check One:</u> | | Sliding | | Fixed | | Split | | |
| Outer Skin | <u>Check One:</u> | | Aluminum | | Prepainted | | Steel | | |
| | | | Stainless | | FRP | | Other | | |
| Floor | Check One: | | Aluminum | | Wood | | Steel | | |
| Doors | Check One: | | Roadside | | Curbside | | Vent | | |
| Inside | Check One: | | Kemlite | | Plywood | | Steel | | |
| Ceiling | <u>Check One:</u> | | Kemlite | | Plywood | | Steel | | |
| Post | Check One: | | Interior | | Exterior | | Other | | |
| Reefer Unit (Make, Model, Hrs) | | Make | | Model: | | Hours: | | | |
| Dump (Type, Size, Door Type) | | Туре | | Size: | | Doors: | | | |
| Wheels (Size, Type, Made of) | | Size | | Type: | | Made of: | | | |
| Tires | | | /32 Tread left: | Recap: | | /32 Tread | left: | Recap: | |
| Please indicate a star by damaged tires * Please indicate all recapped tires with "RECAP" | | LRFO | | | RRFO | | | | |
| | | LRFI | | | RRFI | | | | |
| | | LRRO | | | RRRO | | | | |
| | | LRRI | | | RRRI | | | | |
| Please list comme | nts about the vehi | cle. Exam | ple: Roll over, Left s | side damag | e, Tandem Ok, Ect. | | | | |
| Circle one: Pl | hotos sent: | Overnight: Reg. Mail: | | | | | E-mail: | | |
| Your Information | <u>.</u> | Insurance Co. Information: * | | | | | | | |
| Your Name: | | | | | Insurance Co.: | | | | |
| Your Company Na | ime: | | | | Insured: | | | | |
| Your File Number: | | | | | Examiner: | | | | |
| Phone Number: | | | | | Examiner's Fax: | | | | |
| Fax Number: | | | | | Policy / Claim: | | | | |
| E-mail Address: | | | | | Date of Loss: | | | | |
| *Office U | | | | | | | | | |
| | User ID: | | | | Submitted By: | | | | |
| | Password | | | | Submitted On: | | | 1 | |
| | BTS File | | | | | | | | |
| | Closing Date | | | | | | | | |