

Sell/Junk Vehicle Form

Date:			
Owner's Name:			
Address:			
City, State, Zip:			
Phone: Ce		ll:	
Fax:			
Email:			<u></u>
Vehicle Information			
VIN:			
Year:			
Make:	Model:		
License:	State:		
Color:			
Does this vehicle have a title:		Yes	No
Does this vehicle have damage:		Yes	No
Does this vehicle have a good motor:		Yes	No
Does this vehicle have a good transmission:		Yes	No
Does this vehicle have four tires:		Yes	No
Does this vehicle need a flatbed:		Yes	No

Authorized signature

Print Name

Drivers License #

14001 Hwy 90 Boutte LA 70039 985-785-4444 5901 Hwy 90 Avondale LA 70094 504-437-0000