

KRYPTONITE[®]

DEALER APPRAISAL FORM

Date _____

Customer Name _____

Address _____

City _____ State/Province _____ Zip/Postal _____ Country _____

Phone number _____ Email _____

BIKE INFORMATION:

BIKE/VEHICLE Make: _____ Model: _____
(IE: TREK, Specialized, etc...) (CROSS RIP, SIRRUS, etc)

Serial Number: _____ Year (if available) _____

This form should be used for USED bikes only, New bikes require an actual receipt

ESTIMATE/APPRaisal BY DEALER

The *fair market value* of the Bicycle/Vehicle presented to me is: _____
(Not Replacement Value.) (This cost is excluding any accessories or taxes (VAT).)

DEALER COMMENTS:

Dealer Name: _____

Address: _____

City, State/Prov, Zip/Postal: _____ COUNTRY _____

Phone Number: _____

SHOP STAMP (if available):

SHOP EMPLOYEE SIGNATURE _____ DATE _____

SHOP EMPLOYEE NAME (Printed) _____