PREOWNED (USED) PURCHASE SURVEY FORM

Please complete and return via fax to Jim LaRocco at 440-543-4131
or email to jimlarocco@integritygroupus.com

If available, please attach RFP/Bid Specifications

1. What is the intended application of the bus?

2. What is the desired seating capacity? Please check a bus model/type:
   ☐ Raised Roof Van (4-15 seats) ☐ Cut-A-Way (15 seats or fewer) ☐ Cut-A-Way (16+ seats)

3. What type of seating is desired? ☐ Perimeter ☐ Forward

4. Are there tight turning radiuses, height restrictions or other concerns in shuttle loop? Explain:

5. Is luggage storage required? ☐ Yes ☐ No
   If yes, please indicate type. ☐ Interior Compartment ☐ Rear Compartment ☐ Overhead

6. Exterior: Are graphics required? ☐ Yes ☐ No
   Exterior Paint Color: _____

7. What is your engine preference?
   ☐ Gasoline ☐ Diesel ☐ No Preference ☐ Alternative. Specify: _____

8. What exact date are the buses required to be "in-service?"

9. Special Needs: Will you require wheelchair accessibility? ☐ Yes ☐ No
   If so, how many wheelchair tie-down positions do you require? _____

10. Where will the vehicle be operating? (City and State) _____

11. What is the maximum acceptable mileage?

12. What is your price range?

13. What is the oldest acceptable model year?

14. How many buses are you interested in acquiring?

Customer Contact Information

Contact Name _____

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____