

Comparing Your Top 2 Choices of Vehicles

Name: _____ Date: _____

Directions: Fill in the chart to compare your top two choices of vehicles.

Make:	Make:
Model:	Model:
Year:	Year:
Color:	Color:
Mileage:	Mileage:
Body Condition:	Body Condition:
Known Issues:	Known Issues:
Known Prior Accidents:	Known Prior Accidents:
Diagnosis:	Diagnosis:
Notes:	Notes: