



Remarketing Schedule

Date: 12/5/2019

RTR #: 9103065

Lease #:

Type of Recovery: Voluntary

Lease:

Description of Equipment:

Manufacturer: See Attached
Model: See Attached
Serial Number: See Attached
Description: See Attached
Condition: See Attached
Fair Market Value: See Attached
Orderly Liquidation Value: See Attached

Location of Equipment:

Name: RTR Services Inc.
Primary Contact: Toni Davis
Address: 4070 FM 1863
City, State, Zip: Bulverde, TX 78163
Phone: (800) 467-0690

This Schedule is issued pursuant to the Remarketing Agreement between Wells Fargo Vendor Financial and RTR Services, Inc., and incorporates by reference all of the terms and conditions of that Agreement.

Thank you! We appreciate your business

RTR Services Inc. GENERAL EQUIPMENT CONDITION REPORT		RTR #: 9103065-06	
		ACCOUNT	
		ACCOUNT NAME:	
YEAR:			
MAKE: Smithco	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		EQUIPMENT WAS IN USE AT THE TIME OF RECOVERY
MODEL: 42-000-1	<input checked="" type="checkbox"/> OPERATIONAL		
SN: 6355	<input type="checkbox"/> NON OPERATIONAL		
POWER: GAS	<input type="checkbox"/> UNTESTABLE		
DESCRIPTION:	Smithco Super Star Bunker Rake, 3WD		
SHOT / COUNT / HOUR: Unknown (Missing Front Cover)			
NOTES / COMMENTS: Missing Front Cover			

RTR Services Inc. GENERAL EQUIPMENT CONDITION REPORT		RTR #:	
		ACCOUNT	
		ACCOUNT NAME:	
YEAR:			
MAKE:	<input type="checkbox"/> YES <input type="checkbox"/> NO		EQUIPMENT WAS IN USE AT THE TIME OF RECOVERY
MODEL:	<input type="checkbox"/> OPERATIONAL		
SN:	<input type="checkbox"/> NON OPERATIONAL		
POWER:	<input type="checkbox"/> UNTESTABLE		
DESCRIPTION:			
SHOT / COUNT / HOUR:			
NOTES / COMMENTS:			

RTR Services Inc. GENERAL EQUIPMENT CONDITION REPORT		RTR #:	
		ACCOUNT	
		ACCOUNT NAME:	
YEAR:			
MAKE:	<input type="checkbox"/> YES <input type="checkbox"/> NO		EQUIPMENT WAS IN USE AT THE TIME OF RECOVERY
MODEL:	<input type="checkbox"/> OPERATIONAL		
SN:	<input type="checkbox"/> NON OPERATIONAL		
POWER:	<input type="checkbox"/> UNTESTABLE		
DESCRIPTION:			
SHOT / COUNT / HOUR:			
NOTES / COMMENTS:			

12/11/19

EMPLOYEE'S FULL NAME (PLEASE PRINT)
DATE
EMPLOYEE'S SIGNATURE

By signature above I do hereby certify all information contained within this report to be true and accurate to the best of my knowledge at present.

RTR Services Inc. • 395 Market St. NE Salem OR 97301 • 1.800.238.3294 • FAX 503.399.0421

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Asset 06



Asset 06



Asset 06



Asset 06