# Customer Needs Assessment

## GENERAL

Name: _____ Date: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home phone: _____ Email: _____

Type of business/vocation: _____ Business phone: _____

Old vehicle likes: _____

Old vehicle dislikes: _____

**Special Applications:** ☐ Slide-in camper ☐ Trailer ☐ Snow plow

## HOLD

Type of cargo: _____ Cargo size: _____

Maximum number of people: _____

Protection of cargo from weather: ☐ Yes ☐ No

Security of cargo: _____

Racks and bins/upfits: _____

Ability to stand in cargo area: ☐ Yes ☐ No

Fits in standard garage (approx. 7 ft. tall): ☐ Yes ☐ No

Recommended

Cab style: _____

Box size/length: _____

Roof height: _____

Wheelbase: _____

## SUPPORT

Maximum cargo weight (see Weights of Various Commodities Chart): _____ lbs.

Options weight: _____ lbs.

People weight (driver and number of passengers x 150 lbs.): _____ lbs.

Total payload: _____ lbs. < Maximum payload rating: _____ lbs.

Tentative vehicle/curb weight: _____ lbs. GVW: _____ lbs. GVWR: _____ lbs.

## MOVE

| | | | |
|---|---|---|---|
| Type of load: | ☐ Heavy | ☐ Moderate | ☐ Light |
| Loaded: | ☐ One way | ☐ Both ways | ☐ Constant |
| Traffic conditions: | ☐ City | ☐ Suburban | ☐ Highway |
| Terrain: | ☐ Level | ☐ Rolling/Hilly | ☐ Mountainous |
| Driving conditions: | ☐ Paved | ☐ Gravel/Dirt | ☐ Off-road |

Recommended

Engine: _____

Transmission: _____

Rear axle: _____

## TRAILER TOWING

Type and weight of trailer: _____ lbs. Use of trailer:

Type and weight of cargo on trailer: _____ lbs. _____

Type and weight of trailer hitch: _____ lbs. _____

Tentative vehicle selection: _____ GCWR: _____ lbs.

**FINAL RECOMMENDATION:** _____ Customer Signature: _____

_____ Sales Consultant Signature: _____

Use Customer Needs Assessment Worksheet to calculate recommendation(s).