



Office: 617-336-3215 x 5
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Collateral List * Use additional page if necessary

Company Name:							
Equipment Description Make/ Model	Year	VIN/Serial #	Miles or Hours	Purchase Date	Purchase Price	Current Auction Value	Current Amount Owed
1							
2							
3							
4							
5							
6							
7							

Name/Title: _____

Date: _____