Equipment For Sale Inventory Sheet — Apexx Equipment

Equipment Owner's Name: _____

Alternate Contact Name: _____

Address: _____

City/ST/Zip: _____

Phone: ( ) _____ Fax: ( ) _____

E-mail address: _____

Equipment Manufacturer: _____

Model: _____

Serial Number: _____

Year Manufactured: _____

Description: (List all accessories/software or enhancements that will increase the value of this item)

_____

_____

Why do you want to sell this equipment?: _____

_____

Cosmetic Condition: Excellent / Good / Poor

List Damage: _____

_____

Operational Condition: Excellent / Good / Poor

List problems and expected cost to repair: _____

_____

Are ALL accessories and/or parts included: Yes / No

If "No", list all missing components: _____

_____

Operators Manual included: Yes / No

Do you own this piece free & clear: Yes / No

Are you able to email digital pictures of the equipment: Yes / No

Choose type of Transaction you prefer

A) Sell for Cash (payable on receipt) ☐

B) Sell on Consignment (30% fee) ☐

Your selling price: $ _____

C) Trade for other equipment ☐

List the equipment you're interested in trading for: _____

_____

_____

Will you Guaranty that this piece works perfectly: Yes / No

If yes to above, for what length of time: 30 days / 90 days / Other: _____

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