

# Equipment For Sale Inventory Sheet

# Endoscopy Specialists, Inc.

(Complete one form for each piece of equipment)

Equipment Owner's Name: \_\_\_\_\_  
Alternate Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ST/Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ e-mail address: \_\_\_\_\_

**Equipment Manufacturer:** \_\_\_\_\_  
**Model:** \_\_\_\_\_ **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 / Marginal  
List Damage: \_\_\_\_\_  
\_\_\_\_\_

Operational Condition: Excellent / Good / Marginal  
\_\_\_\_\_  
\_\_\_\_\_

List problems and estimated cost to repair: \_\_\_\_\_  
\_\_\_\_\_

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

### **Transaction Type desired**

**Cash Sale:** (*immediate payment, no risk*) Amount you're asking: \$ \_\_\_\_\_

**Consignment:** (*shared risk, paid when sold*) Amount you'd like to sell for: \$ \_\_\_\_\_

(Consignment fees range from 10%-30% based upon marketability and warranty)

Are you willing to personally warranty this piece: Yes / No  
If yes to above, for what length of time: 30 days / 90 days / Other: \_\_\_\_\_

### **Trade:**

List equipment you're interested in trading for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_