

Used Equipment Exchange

Equipment Information Checklist

Fax Form to 615.463.0626

Name: _____ Phone: _____

Organization: _____

- Manufacturer _____
- Complete model number _____
- Serial number _____
- Features, accessories and options that are included _____

- Capacities _____
- Cosmetic Condition 1-10 (10 being excellent) _____
- Power requirements _____
- Environmental requirements _____
- Weight _____
- Age of equipment _____
- Cost of comparable new equipment _____
- Original cost of equipment _____
- Asking Price _____
- Hours that the equipment has been used _____
- Is the equipment in use now? If not, when was it used last _____

- Who will be responsible for deinstalling the equipment and preparing it for shipment? _____

- When will the equipment be available to be picked up? _____

- Service records including the company that has done the service and a copy of the
manufacturers warranty and service agreements. _____

- Is the equipment easily moveable to a loading dock or will the equipment require special
handling such as using a crane to lift an air-conditioning unit off the roof. _____

- Will the equipment require special hauling? _____

- Is the equipment clear of any leans or encumbrances? _____
