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Equipment Buying & Selling Form

Request Date _____ Customer # _____
 Company: _____ Contact: _____
 Address: _____
 Phone: _____ Fax: _____
 E-mail: _____

Equipment Make & Model

- Defibrillator Make: _____ Model: _____ Age: _____
- Stress Make: _____ Model: _____ Age: _____
- EKG Make: _____ Model: _____ Age: _____
- Holter/Event Make: _____ Model: _____ Age: _____
- Ultrasound Make: _____ Model: _____ Age: _____
- Other Make: _____ Model: _____ Age: _____

Treadmill

- GE Marquette Model: _____ Voltage Requirement: _____
- Quinton Model: _____ Voltage Requirement: _____
- Burdick Model: _____ Voltage Requirement: _____
- Other _____ Model: _____ Voltage Requirement: _____
- Walking Belt Condition Good Fair Poor
- Noise Level Quiet Loud Very Loud
- Digital Yes No
- Analog Yes No

Equipment Accessories

- Patient Cable Yes No
- Trunk Cable Yes No
- Interface Cable Yes No
- Acquisition Module Yes No
- Other _____

Overall Working Order

- Excellent Good Poor Not Working

Is the equipment currently under a service or maintenance contract? Yes No
 Has the equipment ever been under a service or maintenance contract? Yes No
 Are there service and or maintenance records available? Yes No
 Other _____

The information I have supplied regarding the medical equipment listed is true and stated to the best of my knowledge. I understand that if any information provided is proven false could result in cancellation or return of sale.

Signature _____ Date _____