



USED EQUIPMENT SALE QUESTIONNAIRE

Please complete the questionnaire, sign, and return by fax (314-729-1565) to Icon Machine Tool. We will then determine the best method(s) of advertising your used equipment.

COMPANY/OWNER NAME _____

ADDRESS _____

PHONE _____ FAX _____

E-MAIL _____

MACHINE SPECIFICATIONS:

(Please Provide Original Quote or P.O. AND Original Manufacturer's Specification Materials)

Make _____

Model _____

Year _____

Operating Size _____

Special Options _____

Material Capacities _____

Voltage _____

Special Requirements _____

Under Power? _____

Overall Condition _____

Do you have the Owner's Manual? Yes _____ No _____

Lowest Wholesale Price *(Will Not Be Published)* _____

Retail Price _____

Digital photo available? Yes _____ No _____ If yes, e-mail photo to: webmaster@iconmachinetool.com

Video available? Yes _____ No _____ If yes, e-mail video link to: webmaster@iconmachinetool.com

By signing this agreement, you authorize Icon Machine Tool, Inc. to promote and sell your used equipment. If you sell this used equipment through other means, please let us know.

Signature of Owner(s) _____ Date _____

St. Louis - Corporate Phone 314-277-6602 Fax 314-729-1565	Office use only: _____ Listing salesman _____
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