

Pre-Purchase Inventory Form



WE WILL BUY YOUR USED ENDOSCOPY EQUIPMENT!

\$\$ Top Dollar Guarantee!! \$\$

Customer Information:

Company Name _____

Contact Name _____

Phone Number _____

Fax Number _____

Address _____

City _____ State _____ Zip _____

Name and Number of person to approve purchase offer _____



Equipment Information:

Mfg & Model # _____	Serial # _____
Mfg & Model # _____	Serial # _____
Mfg & Model # _____	Serial # _____
Mfg & Model # _____	Serial # _____
Mfg & Model # _____	Serial # _____
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Mfg & Model # _____	Serial # _____



**5889 S. Williamson Blvd
Ste 1425**

Toll Free 877-ADV-ENDO (238-3636)
Local 386-756-5997
Fax 386-756-5969
www.advancedendoscopysolutions.com

Please fax completed form to
386-756-5969.

A representative will contact you
with a purchase offer.