

Fast Track Listing Profile

Date:	
Toll Free: Office:	800.982.2844 503.585.1442
Fax:	727.585.3499

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Please complete the following as accurately as possible to have your equipment listed within 24 hours. A consultant will contact you at a later date for further information and additional images to best represent your equipment. Office Phone: Address: Cell Phone: Email: Fax Number: Location of equipment (city/state):

Same as Business _____ Is this equipment listed elsewhere?

Yes
No If yes, where?
What price?
What price? Please send at least 3 photos of the machine to info@ap-eq.com. Include your first and last name in the subject line. Your equipment specialist is able to offer excellent photo & video suggestions. **Equipment Information** Seller Asking Price: \$_____ Year:_____ Make:____ Model: Equipment Type:

Horizontal Grinder

Tub Grinder

Screener

Chipper

Other **Engine Information Engine Make & Model:** Engine S/N: ______ HP: _____ Hours: _____ **Engine Rebuild:** □ Yes □ No Hours on Rebuild: **Warranty:** □ Yes □ No Oil test done: □ Yes □ No **Additional Information Condition of Equipment:** $Poor \square 1 \square 2$ □ 3 □ 4 □ 5 □ 6 $\Box 7 \quad \Box 8 \quad \Box 9 \quad \Box 10$ Excellent Road Worthy: □ Yes □ No □ N/A Brakes Good: □ Yes □ No Lights Good: □ Yes □ No Tires Good: □ Yes □ No **Hitch:** \Box 5th Wheel \Box Pintle \Box N/A \Box Other **Production Rate:** _____ What was this machine used for? _____ Last Date Used: _____

Extra parts included:

None If yes, please list



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FOR APOLLO EQUIPMENT.NET OFFICE USE ONLY - 7/20/2017	gnature:	Date:
FOR APOLLO EQUIPMENT.NET OFFICE USE ONLY - 7/20/2017 Zone: ES: Retail: \$ Listing #:	FOR APOLLO EQU	IPMENT.NET OFFICE USE ONLY - 7/20/2017