

Business Name:

## **SELL YOUR HANDPIECES**

16720 Bachmann Ave. Hudson, FL. 34667 Toll Free: 855-347-8721 WWW.DENTALEQUIPMENT.COM

SELLER (check payable to):		
Street Address, City, State & Zip:		
Telephone:		
Email:		
MAKE & MODEL	SERIAL NUMBER	ISSUES/CONDITION

ONCE YOUR ITEMS ARE EVALUATED, AN OFFER TO PURCHASE WILL BE EMAILED.

IF OFFER IS ACCEPTED A CHECK WILL BE MAILED. HANDPIECES NOT PURCHASED WILL BE RETURNED.

Print form and complete. Package your handpieces securely for shipping and seal properly. Be sure to include this form inside your package. We recommend insuring your shipment for its full value. We are not responsible for lost shipments. Ship your handpiece(s) to Dental Equipment Liq., Attn: Repairs, 16720 Bachmann Ave., Hudson, FL. 34667

Once we receive your handpieces, they will be evaluated. If we are interested in purchasing them, you will be contacted with an Offer to Purchase. If you agree to our offer we will send you a check within 1-2 weeks, or you can apply the value towards a purchase. If we decline to purchase your handpieces, or if you do not agree to the offer, your items will be returned to you <u>at your expense</u>. You will have 15 days to arrange and pay for return shipping of items you do not wish to sell us. If you do not make arrangements to return ship your handpieces within a 15 day time period, you will forfeit your handpieces and they will become property of Dental Handpiece USA/Dental Equipment Liquidators.