

AMERICA'S SOURCE FOR USED FIRE APPARATUS

RIGHT TRUCK. REAL RESULTS.

FIRETEC

USED APPARATUS SALES

Form is best viewed with latest version of Adobe Reader

Ambulance

Customer:

Fire Department/Owner: _____ Contact: _____

Daytime Phone: (____) _____ Fax: (____) _____

E-mail Address: _____

Fire Department Address: _____

City: _____ State: _____ Zip: _____

Nearest Airport (for scheduling inspections): _____

Apparatus:

Year: _____ Manufacturer: _____ Model: _____

Body Material: _____ Type: I II III Color _____

Attendant Seating: (amount & type) _____ EMS Capabilities: # of patients _____

of Cabinets: Left _____ Right _____ Doors: Standard Roll-up

Provisions for Built-ins _____

Pre-piped Oxygen Supply: Tank Size: _____ # of Outlets _____ Suction: Y N

Special Features/Equipment: _____

Chassis:

Make: _____ Model: _____ Miles: _____

Cab Type: _____ Cab Material: _____ # Occupants: _____

Brakes: Air Hydraulic Anti-Lock Air Conditioning: Y N

Vehicle Dimensions: Height: Ft. _____ In. _____ Width: Ft. _____ In. _____ Length: Ft. _____ In. _____

GVW: _____ VIN# _____

Wheelbase: _____ All Wheel Drive: Y N

Tire Condition: (tread & age) _____ Tire Size: Front: _____ Rear: _____

Engine:

Make: _____ Model: _____ Fuel: _____

Turbo: Y N Horsepower: _____ # of Cylinders: _____ Engine Brake: _____

Transmission:

Make: _____ Model: _____ Type: _____ Speeds: _____



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Affixed equipment:

Lightbar: (size/type/mfg.) _____

Warning lights: (type/make/model) _____

Siren: (type/make/model) _____

Mobile radio: (band/channels/make/model) _____

Generator: (size/type/mfg.) _____

Scene lights: (portable/type/quantity) _____

Other: (please describe) _____

Check and describe all equipment that will remain with the vehicle:

SCBA: (make/model/quantity) _____

SCBA bottles: (make/model/quantity) _____

Fans/blowers: (size/make/model) _____

Other: (please describe) _____

Is the module original or has it been remounted (explain):

Describe rusted or corroded areas (location & degree):

Mechanical or cosmetic repairs needed:

Recent mechanical repairs:

Additional comments/special features:

Overall condition of vehicle: Excellent Good Fair Poor

Reason for selling: _____

Asking price: _____ Availability date: _____

Signed _____ Date _____

Be sure the TITLE or MSO is readily available

Please email forms to firetec@firetec.com or print and fax completed forms (3 pages) to: 802-728-9206

Status of photos:

Have been emailed to: photos@firetec.com (Please put your DEPARTMENT NAME on the subject line)
or mailing CD with photos on _____ (date) or will email photos on _____ (date)



AMERICA'S SOURCE FOR USED AMBULANCES

www.ambulancetrader.com
www.usedfiretrucks.com



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LISTING AND MARKETING COMMISSION AGREEMENT

The undersigned being duly authorized, hereby enter into the following contractual agreement with Firetec Used Ambulance Sales and Ambulance Trader to advertise on its' websites www.usedfiretrucks.com and www.ambulancetrader.com the following ambulance:

Ambulance (year/make/model): _____

Owned by: _____

Firetec® will refer to Owner all qualified inquiries Firetec® receives regarding the specified ambulance. If Owner sells the marketed ambulance or any other apparatus to the customer referred by Firetec®, or anyone acting on behalf of the referred customer, the Owner will pay a commission of 10% of the sale price (or a minimum of \$500) to Firetec® within 10 days of the sale.

Owner agrees to notify Firetec®, at the time of sale, as to the sale price and the name and address of the buyer.

This agreement shall be in effect for a period of six (6) months unless extended. Either party may terminate at any time by notifying the other party in writing. If any sale takes place subsequent to termination, to a party previously referred by Firetec®, the same commission will be paid as if the agreement were still in effect.

Agreed to by:

Firetec Used Ambulance Sales/Ambulance Trader

Authorized Owner

Date

Date

When Submitting Form Please Insert
Department Name in the Subject Line