PRODUCT EVALUATION FORM

Please fill out the information below and fax to **239-481-7724**. We will notify you of your request acceptance, and then you will be provided with product and equipment for a free trial evaluation. Capital equipment must be purchased or returned at the end of the trial period. List the disposable supplies and equipment you would like to trial. Provide credit card information

Contact Name:	
Company Name:	
Street:	
City State:	
Zip:	
Telephone:	
Fax:	

☐ MasterCard ☐ VISA ☐ American Express

Credit Card Number	Exp Date	CCID	PO Number

Include items for evaluation

Product #	Qty	Evaluation Cost
		Office Use Only:

Evaluation Period:	Start Date:	Termination Date:
	Office Use Only:	Office Use Only:

To evaluate products the customer must provide credit card information and purchase order number. Upon completion of the evaluation period customer may purchase the capital equipment at the indicated price. Customers will be provided with a pre-paid return shipping label if they choose to return the machine(s) after evaluation. If the machine is not returned after the evaluation period had expired and no arrangement has been made for purchase, the customer agrees to pay full price for the machine and will be charged the full price on the credit card provided or will be invoiced.

Authorized Signature:_____