

TEST DRIVE

Trial Request Form
15 Day Evaluation

Date:

Company Name:

Ship Address:

Attention:

Billing Address:

Purchase Order Number:

Please provide a purchase order number whenever possible as this helps both of us keep track of products. You can indicate that this is a trial PO and is subject to 15-day evaluation. Your purchase order will not be invoiced until the end of the 15 day evaluation.

Please indicate the product that you would like to try on a 15-day trial basis. We send out new product on trial. If you decide to keep the product, we will send an invoice for the goods. If you decide to return the product, it must be returned to Delta Regis freight prepaid, in original resaleable condition, complete with all accessories and original packaging. The 15-day trial begins from the date of your receipt of product.

The 15 day evaluation is designed so that you can try the product on your actual application to ensure it is correct for your application. It is **NOT** intended for extended production use. If you require a more in-depth evaluation period please contact us to discuss the details.

MODEL NUMBER	DESCRIPTION

Name of Requisitioner:

Signature:

Note: If you don't already have an account, we require a customer info form completed or a credit card number to secure the demo unit.

Please return completed forms by fax to 772-465-4368 or by email to sales@deltaregis.com