Mastel Precision
2843 Samco Rd., Suite A, Rapid City, South Dakota 57702
Ph: (605) 341-4595 or 1-800-657-8057 Fax (605) 343-3631

EVALUATION REQUEST FORM

Request the following products for evaluation:

Person Responsible:_____

Facility:_____

Ship to Address:_____

City:_____State:_____Zip:_____

Telephone:_____Contact Person:_____

Fax:_____

Credit Card Number_____Exp_____

Cardholder Printed Name_____V-Code_____

Cardholder Signature_____

Length of Evaluation Period Requested:_____
(maximum of three weeks incl. shipping time)

1) I agree to return this instrument immediately at the end of requested Evaluation period or I will be billed in full for the instruments.
2) I understand, by signing this agreement, I am responsible for any damages incurred and understand that my credit card will be billed for the repair charges.
3) I also agree to be responsible for return shipping charges.
4) ***I agree to and understand that the Credit Card provided will be charged the amount $200.00 for instrument sent to me for evaluation. (This will include a half of case Opti-Kleen and holding tray). Should I choose to purchase trialed instrument this amount will apply to purchase price.***

TRIALS ARE FOR A PERIOD OF (3) THREE WEEKS, INSTRUMENT MUST BE BACK IN OUR OFFICE OR PURCHASED BY THIS DATE: _____
TRIAL INSTRUMENT NOT RETURNED WILL BE BILLED TO YOUR CREDIT CARD. INSTRUMENTS RETURNED AFTER THIS DATE, MASTEL PRECISION'S RETURN POLICY WILL APPLY.

_____

Authorized Signature Printed Name Date