



“TRY BEFORE YOU BUY” 15-DAY EVALUATION REQUEST

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 P.O. and is subject to 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.

Model Number	Description	Serial Number (for Delta Regis use)

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. You can return completed forms by fax to 866-500-7270.