

DISPLAY DEVICES

EVALUATION/DEMO REQUEST FORM

Date: _____

Company Name: _____

Authorized Individual: _____

Address: _____

City, State, Zip: _____

Length of time: _____

Not to exceed 30 days, unless prior approval by management.

Display Devices requires a Credit Card and Purchase Order to secure the Product during the Evaluation/Demo period.

If the product is not returned within the time requested, Display Devices, Inc. will charge the Credit Card on file the **List Price** of the product. Customer is responsible for the freight both ways.

Purchase Order: _____

Credit Card # _____ Exp. _____ CW Code. _____

Check one:

Visa _____ M/C _____

Signature: _____ Date: _____

Are Freight charges to be billed to credit card? Yes _____ No _____

If not, provide Company Name:

Shipping Company: _____

Telephone #: _____

Contact: _____

Account #: _____

Please indicate level of service: Next Day AM delivery, Standard Next Day, 2Day, 3Day, Ground

Approved by: _____ Date: _____

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