

Antaira Technologies 30 Day Evaluation Program

Email Completed form to sales@antaira.com or Fax to 714-671-9944

General Information

<i>Company</i>	
<i>Contact Person</i>	
<i>Phone Number</i>	
<i>Fax Number</i>	
<i>Email Address</i>	
<i>Address Line 1</i>	
<i>Address Line 2</i>	
<i>City, State, Postal Code</i>	
<i>Country</i>	

Product Information

ITEM	MODEL NUMBER	QTY	UNIT PRICE	EXTENDED PRICE
1				
2				
3				
4				
5				

Shipping Information

Is the Shipping Address the Same As Above? **YES** **NO (Provide Below)**

<i>Company Name</i>	
<i>Attention</i>	
<i>Phone Number</i>	
<i>Address Line 1</i>	
<i>Address Line 2</i>	
<i>City, State, Zip</i>	
<i>Country</i>	

Desired Shipping Method

Bill Me for Shipping Costs

I Will Provide My Shipping Account (Provide Below)

Shipping Company	FedEx	UPS
Shipping Method (US)		
Shipping Method (Intl.)		
Shipping Acct. Number		

Project Details

Person(s) Authorized to Evaluate:	
Total Project Quantity Required:	
When Will the Decision Be Made:	
Describe the Application:	

Payment Information (Choose One)

Bill Charges to Existing Account with Antaira *(must have an established account prior to evaluation request)*

Charge Credit Card Below *(must complete all fields below for processing)*

Credit Card Type	Visa	MasterCard	AMEX	Discover
Credit Card Number				
Expiration Date (MM/YY)			Security Code	
Name on Card				
Billing Street Address				
Billing City / State / Zip				

This evaluation is granted for a period of 30 days. Please contact the sales department at Antaira Technologies before the end of the evaluation period if an extension is needed.

By signing below, I understand that my credit card will be charged or my existing account will be billed if product is not purchased or returned by the 45th day to Antaira Technologies, LLC. I understand that I am responsible for all shipping, freight, and customs charges that may be incurred by requesting this evaluation regardless on whether I decide to purchase the product.

SIGNATURE: _____ DATE: _____