



Trial Demonstration

I, _____ an authorized agent of _____

_____ have requested a 30 day demonstrative trial of the product(s) listed below. The demonstration period will start the day of delivery of the product and will run 30 calendar days unless otherwise agreed in writing.

_____ I understand that on the 31st day of the demo, the product(s) will be due back in the same condition as they were received, or arrangements for a payment will be made.

_____ I understand that if the product(s) are not returned, I will be billed the full MAP price.

_____ I agree that if we choose to purchase the product, the payment terms are NET30 from ship date with an existing account or CC terms without an existing account with The Will-Burt Company.

Product(s) _____

MAP Price _____

CC (VISA / MasterCard) Circe one

_____ Exp: ____/____

Name on Card _____ CVV2 Code _____

Billing Address _____

Email Address _____ Phone: (____) _____

If a return is requested, please contact The Will-Burt Company for an RMA number and ship to address. RMA # must be visible on outside of package.

Name _____

Department / Organization _____

Ship To Address _____

Signature _____ Date: _____