

Organisation Name & Address

Evaluation Unit Request

Please complete and fax back to 0191 280 5733.

Organisation: Address:	
Postcode:	
Contact Details	
Name: Telephone: Email:	
Evaluation Period & Conditions	
Units are available for a maximum of 14 days. You are responsible for returning the unit, at your own cost, within 5 days of the end of the evaluation period. You will be liable for the full cost of the unit should it not be returned. Please enter the evaluation period you require.	
Start Date:	End Date:
Authorisation	
I acknowledge that I am signing on behalf of a company that I am an authorised signatory of that company. I accept evaluation conditions.	
Print Name:	
Position in Company:	
Signature: Date:	