



Portable Technology Solutions, LLC.
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Agreement for Equipment Evaluation

In order to receive RFID equipment needed for evaluation purposes, the following information must be completed and returned to PTS. It is understood and agreed that this equipment is to be returned to PTS three weeks from receiving the evaluation unit.

Customer Information			
Billing Address:	Shipping Address: <i>(If different from billing address)</i>		
Company Name: _____	Company Name: _____		
Attention: _____	Attention: _____		
Address: _____	Address: _____		
_____	_____		
City _____	City _____		
State, Zip _____	State, Zip _____		
Phone Number: _____	Phone Number: _____		
Fax Number _____	Fax Number _____		
E-mail Address _____	E-mail Address _____		

Equipment Requested:

ClearStream RFID Demo Kit

Value	
Tax (NY & NJ only)	
Total (excluding shipping)	

Need Equipment By:

Method of Payment MasterCard Visa American Express Discover

Credit Card Type: Company Personal

Cardholders Name: _____ **Acct Number:** _____

Exp. Date: _____ **Security Code:** _____ **Signature of Cardholder:** _____

Date Shipped: _____

Expected Return Date: _____

RFID Reader Serial # Issued: _____

RFID Antenna Serial # Issued: _____

If the product(s) is not returned by the above date, you will be charged for the total amount. If you understand and agree to the terms and conditions of this agreement, please sign and return.

Print Name _____

Signature _____ Date: _____