



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:

Company Name: _____
Attention: _____
Address: _____

City _____
State, Zip _____
Phone Number: _____
Fax Number _____
E-mail Address _____

Shipping Address: (If different from billing address)

Company Name: _____
Attention: _____
Address: _____

City _____
State, Zip _____
Phone Number: _____
Fax Number _____
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: _____