



Demonstrator Request Form

Please fill out the following to request a demonstrator/evaluation calibrator.

Company Name: _____

Your Name: _____

Ship to Address: _____

Phone: _____

Fax: _____

Email: _____

Bill to Address: _____

Martel requires a PO number or credit card to be on file in the event that the unit is not returned in the allotted time. You will not be invoiced (or charged on your credit card) **unless** the unit is not returned to Martel.

Form of Payment: PO# _____ or Credit card #: _____ Expires: _____

SIC Digits on card: _____

Signature (required): _____

Requested Product Information

Model: _____ Date requested: _____

Special requirements, if any:

UPS/FEDEX/ETC. for alternate shipment method

Preferred shipment method: _____ Shipper acct # _____

NOTE: IF OTHER THAN UPS GROUND, THE PAYMENT INFORMATION WILL BE USED FOR BILLING OF SHIPMENT COSTS.

WOULD YOU LIKE INFORMATION ON OUR LATEST PRODUCTS?

DO NOT TYPE OR WRITE BELOW THIS LINE-MARTEL USE ONLY

SO#: _____

Date Shipped: _____

Return Due Date: _____

Return address:

Martel Electronics
3 Corporate Park Drive, Unit 1
Derry, NH 03038

Phone: (603) 434-1433 x 103
Fax: (603) 434-1653

Return ship *freight prepaid* to this address using a method of shipping that can be tracked. We do not recommend normal 1st class mail. Include a copy of this form with your shipment.

Please call 1-800-821-0023 or 1-603-434-1433 (9am-5pm) US Eastern Time or email sales@martelcorp.com if you have any questions.