

Thank you for your request to trial our product !

Please complete this form by providing your shipping information along with credit card information to secure your 15 day evaluation sample. If after 15 days you decide to keep the product your credit card will be charged for the amount of the sample plus shipping and handling. If you decide the product does not meet your needs please return the sample within 15 days to avoid being charged. If you have questions/concerns that are not covered by this form please feel free to contact customer service at the email address or phone number listed below.

Send form to: Alice Harris-Fayson at alice_harris-fayson@lednovation.com or fax to **813.891.9644** for processing.

Please enter your contact information below:

Company _____

Name _____

Address 1 _____

Address 2 _____

City _____ State _____

Province _____ Zip/Country Code _____

Phone _____

Email* _____

** Correspondence will be sent to this address*

Please charge the amount due to my credit card as follows:

MasterCard _____ Visa _____

Account Number _____

Expiration Date _____ Security Code _____

Card Holder's Name _____

Billing Zip Code _____

Cardholder's Signature _____

LEDnovation, Inc. is authorized to debit the credit card listed above on _____ date for purchase of _____ un-returned evaluation samples.

Please enter the products you would like to evaluate. Please contact us for product evaluation pricing information :

Model No.	Description	Quantity	Unit Price	Total
GRAND TOTAL				