



Please complete - type or print clearly.

Evaluation Unit Request

Company Information

Registered Company Name:		
Contact Person:	Phone #:	Fax #:
Shipping Address:		
City:	State:	Zip Code:
# of employees:	# of Locations:	Estimated Purchase Time Frame:
Model Requested:	Date:	

Which Markets & Industries do you focus on

Automotive	Health care	Telecommunications	Other		
Banking/Finance	Insurance	Transportation			
Education	Manufacturing	Is your company GSA listed: Yes No			
Government - Federal	Petrochemicals	Which best describes your company:			
Government - Local	Retail/Distribution	VAR	ASP	SI	ISV/OEM
Government - State	SMB	Trainer	Consultant	Developer	Other

Completed by:

Name: _____

Job Title: _____

Phone: _____ E-mail: _____ Date: _____

DisklessWorkstations will apply a charge to my credit card equal to the cost of the evaluation workstation plus the cost of shipping. The charge for the evaluation workstation will be credited upon return of the workstation. **I agree** to return the evaluation unit within 30 days from date received, in like new condition, in the original shipping boxes, and with all pieces. If these conditions are not met, my credit card will be charged for the cost of an equivalent new unit or the cost to repair/replace any damage/lost parts, whichever is less.

CC# _____ Ex. Date: ___ / ___ Sec Code: _

Name as it appears on Card: _____

Billing Address: _____

Signature: _____ Amount: _____

Please return completed form to:

DisklessWorkstations.com
360 East Maple Rd, Suite C
Troy, MI 48083

Phone: 888.DLW.LTSP (359.5877)
Fax: 248.577.0201