



Instructions: TAB or Mouse through fields, key in information, PRINT COMPLETED FORM, SIGN, and fax to 856.809.2601. Product Availability is dependent upon demand and existing orders.

Evaluation Order Form					
Purchase Order #		Terms: ☐ 30 Day Evaluation			
Contact Name:		E-mail Address:			
Phone #:		Fax#:			
1. YOUR ACCOUNT INFORMATION					
Bill to Name:		Ship to Name:			
Company Name:		Company Name:			
Street:		Street:			
City, State, Postal Code		City, State, Postal Code			
Country		Country			
Phone: Fax:		Phone:	Phone: Fax:		
2. ORDER INFORMATION – please see our Terms & Conditions at www.technobox.com/Terms-and-Conditions.html					
Technobox PN Description:		Your Part#:	Description:		
Quantity:		Price Each:			
Desired Delivery Date:	Advanced Shipments Yes No	Line Item Total:			
*NJ Certificates of Tax Exemption Taxable? Yes No		Order Total:	Order Total:		
3a. SHIPPING INFORMATION – PREPAY & ADD – 2 ☐ Standard: Airborne 2 nd Day ☐ UPS (Speci			IRE Shipping Insurance.		
DHL Other			☐ Next Day Air ☐ Ground ☐ 2nd Day Air ☐		
3b. SHIPPING INFORMATION	ON – COLLECT				
UPS Postal Code	☐ FedEx		DHL		
Acct#	Acct#		Acct#		
OTHER Acct#			☐ Next Day Air ☐ Ground ☐ 2nd Day Air ☐		
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Evaluation Order Form (Continued)

4. CREDIT CARD IN	FORMATION				
Credit Card	☐ VISA	☐ MasterCard	☐ AMEX		
Account Number		Sec. #	Expiration Date		
Card Holder's Name					
Authorized User's Name	(Print)				
Authorized User's Signat	·	Inc. Terms & Conditions, s	pecifically EVALUATIONS, as listed on		
		obox.com/Terms-and-Cond			
* For NJ Certificates of Exemption, see www.state.nj.us/treasury/taxation/pdf/other_forms/sales/st3nr.pdf					
	A copy of the invoice/tran	saction record will be subn	nitted via eMail or US Postal Service		
5. SPECIAL INSTRU	CTIONS				
Customer Signature			Date		