

DEMO UNIT REQUEST FORM

I \_\_\_\_\_ am requesting a demo unit from CryoPen Inc. I will be in possession of this unit, and it is my full responsibility to ensure it is returned complete with all shipped items should I decide not to represent this product line. If this unit is damaged, lost or has missing items, I will be responsible for covering the cost of replacement.

Once your request has been received and we have determined availability, CryoPen Inc. will generate a sales order and a copy of the invoice will be sent to you via email. E-mail request form to: [ANGELA.BARNES@CRYOPEN.COM](mailto:ANGELA.BARNES@CRYOPEN.COM)

**\*\*Cryopen, Inc. requires a \$200 deposit on each unit consigned to an Independent Representative.**

Please provide the following information: (please print)

**Credit Card Type:**    ☐ Visa    ☐ Master Card    ☐ American Express

<p>Name on Card: _____</p> <p>Account Number: _____</p> <p>Expiration Date: _____/_____/_____</p> <p>Security Code on back: _____</p>	<p>Billing Address for Card: _____</p> <p>_____</p> <p>_____</p> <p>Phone Number: (_____) _____ - _____</p>
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Ship the Demo Unit to the following address if different from the billing address given above: (please print)

Name:	Address:	City/State:	Zip:	Phone:
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I agree to contact CryoPen, Inc. at 888-246-3928 if any of this information changes.

Independent Representative Signature: \_\_\_\_\_

Print: \_\_\_\_\_ Company: \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Email Address: \_\_\_\_\_

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CryoPen Office Use:

Received Request: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Approved to Ship Per: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Contract on file: ☐ Yes ☐ No    Shipped Unit: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Unit: \_\_\_\_\_ Case: \_\_\_\_\_

Received Returned Unit \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Unit: \_\_\_\_\_ Case: \_\_\_\_\_ Initial: \_\_\_\_\_

Were all items returned: ☐ Yes ☐ No    If no, list missing items: \_\_\_\_\_

\_\_\_\_\_