

DEMO REQUEST FORM

To qualify for a Bishamon Demo Unit, please fill out first portion of this form, along with a signed copy of the Stewart Handling Systems Demo Policy for approval.

Customer: _____ Date: _____

Contact: _____ Type of Business: _____

Product requested: _____ Options: _____

Application (please give details): _____

Special Requirements: _____

Sales Manager's Approval: _____ Date: _____

DEMO RETURN EVALUATION FORM

Date: _____ Serial Number _____

Reason for return? Defective: _____ Freight Damage: _____ Other (Explain): _____

Did not meet application (please explain): _____

Was competitive unit purchased? Yes: _____ NO: _____ If yes what brand and why? _____

Additional comments: _____

Sales Managers Signature: _____ Date: _____

Please fax complete form to Stewart Handling Systems for authorization to return product @ 909 590-4301