

## SECQUIRE® Free Product Trial/Evaluation

PPAI Medical will provide the listed Capital Equipment and disposable materials for product evaluation to the Facility. The evaluation period will end at the Termination Date.

<b>Facility:</b> Street: City State: Zip: Telephone: Fax:		
<b>Capital Equipment:</b>	<b>Product</b>	<b>Serial Number</b>
<b>Disposable Materials:</b>	<b>Product</b>	<b>Amount</b>
<b>Evaluation Period:</b>		
Start Date:		
Termination Date:		

NO CHARGE PURCHASE ORDER NUMBER

Facility Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

<b>Ship To Address</b>