



Torfino Enterprises, Inc.

11924 Forest Hill Blvd. x Suite # 22-339 x Wellington, FL 33414-6258 USA

E-mail: info@torfino.com x Web Site: <http://www.torfino.com>

PH: (561) 790-0111 x FAX: (561) 790-0080 x Order Line: 1-800-TORFINO (800-867-3466)



" Helping to Secure America's Future "

Thank you for your interest in our product line. To receive product for a 30-Day Test and Evaluation please enter the quantity required and select model # (for ICE LIGHT color choice), then complete and sign the form below in its entirety.

METAL-TEC 1400

Quantity _____

ICE LIGHT - enter model #: _____

Quantity _____

I am hereby requesting test and evaluation unit(s) for a period of 30 days, for the department listed below. The evaluation unit(s) will be returned to Torfino Enterprises, Inc. after the evaluation period. If the unit(s) are not returned after the 30 day period the department will be financially responsible to reimburse Torfino Enterprises, Inc. for any equipment that has not been returned.

Signature

Date

Department Name: _____

Your Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____ Fax #: _____

E-mail: _____

Cell: _____ Pgr: _____

Number of sworn personnel in department: _____

This form must be filled out entirely in order to receive your test and evaluation unit. Please note; evaluation program is available to law enforcement agencies within the continental U.S. only.

Please mail completed form to our address listed above, or fax form to 561-790-0080. Upon receipt we will ship your evaluation unit.

Thank you,
Torfino Enterprises, Inc.
Sales Dept.