

MOBILE VIDEO DEVICES, INC 156 Madison Ave Reading, PA 19605 T: 610-921-5720 www.mobilevideodevices.com sales@mobilevideodevices.com

PRODUCT EVALUATION ORDER FORM

Request Date: PO #: MVD Account Manager:

CONTACT / CON	SIGNEE INFOE	M A TLOA			
CONTACT / CONSIGNEE INFOR					
1 7					
Billing Address:	Invoice Em	all.			
City: State:		7in	Code:		
511.31	INFORMATIO		Code.		
Company Name:		. •			
Attn to Name (If Applicable):					
Phone: Email:					
Shipping Address:	-				
City: State:		Zip	Code:		
Carrier: Service:		Shipping Charge:			
(If Bill Account) Carrier Account Billing Number:					
PRODUCT REQUESTED					
ITEM MODEL NAME / PART	#	QTY	UNIT PRICE	EXTENDED	
1					
2					
3					
4					
5					
6					
TOTAL ITEMS	REQUESTED:		TOTAL:	\$	
Mobile Video Devices, Inc. (MVD), located at the above addres "equipment", on consignment with the company/contact ider product evaluation and testing which is subject to the terms be • You agree that the items listed above remain the sole • You agree that a PO will be issued for the full value of payment for shipping plus \$100 deposit will be via cre • You agree that the term is 30 days from the ship date after 30 days and is due upon receipt. • All equipment shall be returned in the same manner are Consignee shall be responsible for all lost, stolen, or	ntified above in the control of the property of MVD unto the products shipped additional of the evaluation per as shipped. This includes a shipped as shipped.	cil the items d if on term sfer. riod. An inv	are paid for. s with MVD. If you a	re not on terms,	
Consignee Signature	Printed N	Printed Name			