



## DESANTIS HOLSTER PRODUCT REQUEST FOR TEST & EVALUATION

Please email completed form to [sales@desantisholster.com](mailto:sales@desantisholster.com). DATE \_\_\_\_\_

REQUESTING DEPARTMENT/AGENCY \_\_\_\_\_

PHONE \_\_\_\_\_ FAX NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

OFFICER/AGENT AUTHORIZED TO SOLICIT PRODUCTS FOR TEST/EVAL \_\_\_\_\_

PHONE \_\_\_\_\_ EXTENSION \_\_\_\_\_ EMAIL \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### CREDIT CARD INFORMATION

*Circle one:*      VISA      MASTERCARD      AMEX      DISCOVER

CARD NUMBER \_\_\_\_\_

CARDHOLDER SIGNATURE \_\_\_\_\_

EXP \_\_\_\_\_ CVV \_\_\_\_\_ PRINTED NAME \_\_\_\_\_

### PRODUCTS REQUESTED

| ITEM NUMBER | ITEM NAME | COLOR | RIGHT OR LEFT | FIREARM MAKE/MODEL/BARREL |
|-------------|-----------|-------|---------------|---------------------------|
|             |           |       |               |                           |
|             |           |       |               |                           |
|             |           |       |               |                           |
|             |           |       |               |                           |
|             |           |       |               |                           |

The Officer/Agent, whose name appears above, is responsible for the return of the aforementioned products within 60 days after receipt. **DUPLICATE ITEMS ARE NOT PERMITTED. QUANTITY LIMIT FOR A SINGLE ITEM IS ONE.** A written evaluation describing whether or not the product was suitable for the anticipated or proposed use IS REQUIRED. If you wish to purchase said product(s), you will receive a 40% discount off our current list price provided you have submitted your written evaluation within the 60-day testing period. Products not returned within the 60-day testing period will be charged to the above listed credit card. The signature below authorizes charges to be made after the testing and evaluation period has expired. Before returning items, please call (800) 424-1236 for a return authorization number.

\_\_\_\_\_  
REQUESTING OFFICER/AGENT SIGNATURE

\_\_\_\_\_  
DEPARTMENT SUPERVISOR SIGNATURE\*

\_\_\_\_\_  
REQUESTING OFFICER/AGENT NAME (Please print.)

\_\_\_\_\_  
DEPARTMENT SUPERVISOR NAME (Please print.)

\* Department Supervisor attests that the person making this request is authorized to solicit products for test and evaluation.