

Syslocate Free Trial Request

GPSfreetrial.com

Business Information

First Name

Last Name

Company Name

Phone Number

Login/Email Address

Password

Street

City

State

Zip

Exp. Date

Credit Card Type

Credit Card No.

Security Code

Product Request

| | |
|--|-------|
| <input type="checkbox"/> BHPH Unit <input type="checkbox"/> Automotive Franchise <input type="checkbox"/> Motorcycle unit <input type="checkbox"/> Fleet Owner W/ 5 min update | |
| Tax ID # | |
| Unit Ser # | Price |

By participating in the "Free Test Drive" program I agree the unit provided will be used by my business for evaluation purposes for NO Charge for a period of 5 days after this registration sheet is returned and unit is activated. I have a licensed business in the State listed above and I must return the unit within 15 days of activation or I authorize my credit card to be charged the purchase price of the unit. The Syslocate systems are to be installed for use and or sold at my place of business under the Franchise or fleet program only and I will not post pricing on any electronic marketing,(Internet Sales) as that devalues the product to myself and other vendors.

Authorized signature _____ Date _____

Fax To 570- 491- 4422

For Office Use Only

| Customer ID | Transfer Complete | # of Locates Transferred | Date Transferred | Intials of Agent |
|-------------|-------------------|--------------------------|------------------|------------------|
| | Y N | | | |