

Payment Received:

TRADE-IN FORM

Quest Products, Inc. 8201 104th St Ste 200 Pleasant Prairie, WI 53158 Tel: 800.650.0113

Fax: 262.925.0971 www.questproductsinc.com

CUSTOMER INFORMATION			
		Instructions*:	
Name:		1. Include this Trade-In Form filled out	
Company Name:			completely.
Street:			Include the unit being traded in for an AlcoHAWK [°] .
City: State: Phone: Email Address:	Zip:	 3. Include Trade-In Payment (either by enclosing a check payable to Quest Products or completing the credit card information below). 4. Ship the unit to the following address: 	
Name of Current Unit:			Quest Products Attn: Trade-In Program 8201 104th St Ste 200
Company Unit was purchased from:			
Approximate Date of Purchase:			Pleasant Prairie, WI 53158
AlcoHAWK Unit Purchasing: (Please check one)		*Quest Products, Inc. (QPI) reserves the right to review all orders at which point we may accept or decline any order for any reason regardless of any confirmation receipt sent by the customer. When	
☐AlcoHAWK [®] Slim	☐AlcoHAWK [®] Ultra Slim	returning products, we strongly recommend the use of a carrier that can track packages and calculate correct postage, as we do not accept any returned packages with postage due.QPI is not responsible for any damages incurred during shipping to the Service Center. You also assume responsibility forinsuring the returned item. QPI retains	
☐AlcoHAWK [®] Elite Slim	☐AlcoHAWK [®] Beacon		
☐AlcoHAWK [®] PRO	□AlcoHAWK [®] Stoplight	ownership of all products until payment is received.	
□AlcoHAWK [°] PT500	☐ AlcoHAWK Precision		
\$20.00 will be taken off of the above price for any \mathfrak{L} mi-conductor unit traded in for an AlcoHAWK $\mathring{.}$			
RETURN SHIPPING OPTIONS:* (Please check one)			
Standard Ground (Free)	☐3 Day		
2 nd Day	☐Next Day		
* Continental USA only. Call for expedited shipping costs.			
PAYMENT INFORMATION			
Payment: Credit Card Check Purchase Order (Acceptanceof Credit Application required prior to purchase onNet 30 terms) Visa MasterCard Discover American Express			
Credit Card Number:			Expiration Date:
Exact Name on Credit Card:			
Signature:			
(Billing Address of credit card should match return shipping address above)			
FOR OFFICE USE ONLY			
Date: Technician:			