

LOOK SOLUTIONS USA, LTD. EQUIPMENT DEMO SPECIFICATION FORM

Machine(s) requested for demo _____

Accessories & Fluid _____

Company Name _____

Contact Name _____

Shipping Address _____

Phone Number _____

Fax Number _____

E-Mail Address _____

Date Needed _____

Return Date _____

Type of Credit Card _____

Credit Card Number _____

Expiration Date _____

Name on Card _____

**CARD WILL ONLY BE CHARGED IF MACHINE(S) ARE RETURNED IN POOR
CONDITION OR NOT ON TIME.**

Please complete and fax back to Look Solutions USA, Ltd. 1-888-760-7366