

# 'See for Yourself'

## Trial Form

### ARCH Environmental Equipment, Inc.

This form **MUST** be completed and returned prior to shipment. Choose one of the following options to request a trial:

- mail to *Arch Environmental Equipment, Inc.* P.O. Box 1760, Paducah, KY 42002
- fax toll-free to 800-230-9462
- email to [info@archenv.com](mailto:info@archenv.com)

### User Information

Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Purchase Order #: \_\_\_\_\_

**Important: If no P.O. number is issued by the end user, equipment will be invoiced to the sales representative.**

### Trial Policy

As of 12/1/93 the following policy will effective for test/trial of all equipment manufactured or sold by ARCH Environmental Equipment, Inc.:

1. All trial equipment will be shipped at the direction of the Representative.
2. All trials must be authorized by the Territory Representative.
3. Territory Representative will communicate and confirm understanding of these Terms & Conditions by Customer.
4. Territory Representative will confirm proper installation and operation of any trial equipment.
5. Normal trial period is 30 days and must be approved by the Home Office.
6. Invoices are issued 30 days before trial ends and are due and payable at the end of the trial period.
7. If customer chooses not to purchase trial products, all items not welded to customer's equipment must be returned for credit, including but not limited to tensioner cores, index hubs, blades and main frames.
8. All payments are the responsibility of the representative.

### Belt Information

Belt Speed: \_\_\_\_\_ fpm      Ambient Temp.: \_\_\_\_\_

Conveyed Material: \_\_\_\_\_  
Material Temp.: \_\_\_\_\_

Belt Condition: Good   
Fair   
Poor

Mechanical Splices? Yes   
No

Reversing Belt? Yes   
No

Approximate Installation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Trial Length: 30 days   
60 days

### Equipment to Be Tested

Item: \_\_\_\_\_ Qty: \_\_\_\_\_

Item: \_\_\_\_\_ Qty: \_\_\_\_\_

Item: \_\_\_\_\_ Qty: \_\_\_\_\_

Rep. Signature: \_\_\_\_\_

Office Use Only:

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reference Order No.: \_\_\_\_\_

Representative No.: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_