



**Phalanx International, LLC**  
 207 MARKET STREET  
 FAIRMONT, WV 26531 USA  
 (304) 504-2214  
[tande@phalanxgear.com](mailto:tande@phalanxgear.com)  
[www.PhalanxGear.com](http://www.PhalanxGear.com)

## PHALANX INTERNATIONAL, LLC TEST & EVALUATION PROGRAM

I \_\_\_\_\_ on behalf of \_\_\_\_\_ have requested to take part in a test and evaluation of merchandise that Phalanx International, LLC offers. I understand that I am authorized to use below said merchandise to its full capabilities but I should do my best in keeping the cosmetic appearance of said merchandise in sellable condition.

I agree to return below said merchandise within 4 weeks after receiving said merchandise. If I fail to return said merchandise I agree to pay all fees associated with the T&E process including but not limited to cost of merchandise, shipping expenses, and a restocking fee.

I understand that my credit card information will only be used should I fail to return said merchandize within the allotted time frame.

<b>*REQUIRED</b>		
Today's Date :*		
Requester : *		
Agency/Company: *		
Telephone No. : *		
Fax No. :		
Email : *		
Address : *		
Full Part No. *	SIZE: * (If Applicable)	COLOR: *



**Phalanx International, LLC**  
 207 MARKET STREET  
 FAIRMONT, WV 26531 USA  
 (304) 504-2214  
[tande@phalanxgear.com](mailto:tande@phalanxgear.com)  
[www.PhalanxGear.com](http://www.PhalanxGear.com)

Full Part No. (CONT.)	SIZE: (CONT.)	COLOR: (CONT.)

(For T&E of more than 5 Products please use additional T&E forms.)

Type of Card: \*      VISA      MASTERCARD      AMERICAN EXPRESS

Credit Card Number: \*

Expiration Date: \*

CVC Code: \* (Back of Card)

Credit Card Billing Address: \*

I, the undersigned hereby states that the above described credit card is in my name or I am authorized to use said card and that I authorize its use to purchase products from Phalanx International, LLC should I not return the requested merchandize and that the total purchases cost will be priced by the US dollar. I understand that by completing this form, I authorize Phalanx International, LLC to charge my card for my T&E items' total as well as any shipping, insurance, taxes, customs & duties for my package unless I have a current tax exemption on file with Phalanx International, LLC should the merchandize not be returned in the allotted time frame.

Signature of Requester : \*

**Please Note:** Complete this form and return it via US Postal mail to Phalanx International, LLC 207 Market Street, Fairmont, WV 26531 USA or [tande@phalanxgear.com](mailto:tande@phalanxgear.com) via electronic mail.

**For Internal Use Only:**

Date Received :	Shipping Method:
Date Approved :	Tracking Number:
Date Shipped :	Date Delivered:
Remarks:	