



Personal Safety and Monitoring Devices

TRADE-IN FORM

Q3 Innovations
2349 Jamestown Ave., Suite 4
Independence, IA 50644
Tel: 319.334.3412
Fax: 319.334.3421
www.q3i.com

CUSTOMER INFORMATION

Name: _____

Company Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Name of Current Unit: _____

Company Unit was purchased from: _____

Approximate Date of Purchase: _____

AlcoHAWK® Unit Purchasing: (Please check one)

- AlcoHAWK® Slim \$44.99 AlcoHAWK® Slim Ultra \$69.99
- AlcoHAWK® ABI \$99.99 AlcoHAWK® Pro \$129.99
- AlcoHAWK® Precision \$79.99 AlcoHAWK® Elite \$139.99
- AlcoHAWK® PT500 \$149.99

\$20.00 will be taken off of the above price for any semi-conductor unit traded in for an AlcoHAWK®.

RETURN SHIPPING OPTIONS:* (Please check one)

- UPS Ground (Free) UPS 3 Day Select (\$13.00)
- UPS 2nd Day Air (\$17.00) UPS Next Day Air (\$40.00)

* Continental USA only

Instructions*:

1. **Include this Trade-In Form filled out completely.**
2. **Include the unit being traded-in for an AlcoHAWK®.**
3. **Include Trade-In Payment** (either by enclosing a check payable to Q3 Innovations or completing the credit card information below).
4. **Ship the unit to the following address:**

Q3 Innovations
Attn: Trade-In
2349 Jamestown Ave, Suite #4
Independence, IA 50644

*Q3 Innovations (Q3I) 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 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. Q3I is not responsible for any damages incurred during shipping to the Service Center. You also assume responsibility for insuring the returned item. Q3I retains ownership of all products until payment is received.

PAYMENT INFORMATION

Payment: Credit Card Check Purchase Order (Acceptance of Credit Application required prior to purchase on Net 30 terms)
 Visa MasterCard Discover

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: _____

Payment Received: _____