



TRADE-IN FORM

Quest Products, Inc.
 2349 Jamestown Ave., Suite 4
 Independence, IA 50644
 Tel: 319.334.3412
 Fax: 319.334.3421
 www.questproductsinc.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 \$59.99

AlcoHAWK® Slim 2 \$69.99 AlcoHAWK® ABI \$99.99

AlcoHAWK® Pro \$129.99 AlcoHAWK® CA2010 \$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)

Standard 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 Quest Products or completing the credit card information below).
- 4. Ship the unit to the following address:**
Quest Products
Attn: Trade-In
2349 Jamestown Ave, Suite #4
Independence, IA 50644

*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 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 for insuring the returned item. QPI 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 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: _____

Payment Received: _____