



Trial & Assessment Request Form

Terms:

CORETAC SOLUTIONS INC. would like to thank you for your interest in the Trial & Assessment (T&A) 30-day program. After the 30-day T&A period, you may choose to purchase or return the products to CORETAC SOLUTIONS INC., as outlined below. If an extension to the 30-days is necessary to complete your evaluation, please contact CORETAC SOLUTIONS INC. by phone or email before the 30-day period has ended.

T&A products are **only** available to Governmental Security Agencies, Law Enforcement and Military Organizations.

Proof of affiliation is required.

Government Agency Request: LE/Military and Governmental Security Agencies

An approved agency/military, security group or an individual officially representing one may request a T&A product from CORETAC SOLUTIONS INC. on behalf of their agency.

In order to do so, please complete the T&A request form. **The signature line should be filled out by a person who has authority within that agency to request a trial and assessment product.**

Please attach a photocopy of the requesting individual's credentials.

You may purchase the T&A unit within 30 days, MSRP less 10%. Quantity discounts are available.

INDIVIDUAL: LE/Military and Security group Individuals

T&A program is not available to *Individuals* who are employed by security agency, law enforcement or the military at this point.

PROFESSIONAL: Professional Businesses, Training Organizations, Security Agencies or Retail Stores T&A

If you fall into the above categories, T&A program is not available for your category at this point.

T&A Request Form



Required information:

Agency, Group: _____

Check one: LE _____ Military _____ Security Professional _____ Other _____

If other, describe: _____

Name: _____

Rank or Title: _____

Address: _____

City: _____ State _____ Postal Code _____

Email: _____ Phone: _____

Please designate which products you would like to evaluate (maximum 2). For more than two products, contact us directly.

Product 1: (Product Name and model) _____

Product 2: (Product Name and model) _____

Agency:

Unit or division (if applicable): _____

Person authorized (if different than above): _____

Signature of authorized person: _____

(Please include copy of credentials).

Phone: (647) 204-7209

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