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Please complete the appropriate sections of this form and email or fax to Power Science Engineering LLC. A PSE representative will contact you shortly.

### Customer Requesting Product Evaluation

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Job Site/Equipment Location

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address 2: \_\_\_\_\_ Building/Column: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Site Phone: \_\_\_\_\_ Other Info: \_\_\_\_\_

### Product Information

Equipment Manufacturer: \_\_\_\_\_

Equipment Serial No.: \_\_\_\_\_

Component: \_\_\_\_\_

Voltage: \_\_\_\_\_ Ampere: \_\_\_\_\_

Hertz: \_\_\_\_\_ Model No.: \_\_\_\_\_

Hazardous Location: Yes:  No:

(If yes, specify Class, Div., Zone, etc.): \_\_\_\_\_

### Billing Information

Co./Party Responsible for Payment: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Billing Contact Name: \_\_\_\_\_

Billing Email: \_\_\_\_\_

Purchase Order No.: \_\_\_\_\_ Job No.: \_\_\_\_\_