

MUST BE PRINTED ON DEPARTMENT LETTERHEAD

Date: _____

The _____ Police Department/County Sheriff's Office would like to Test and Evaluate the following products from GT Distributors:

By signing this letter we understand that after thirty days, our department must either call GT Distributors to obtain a Return Authorization number or pay the invoice generated in the full amount. Return shipping will be the responsibility of the department in all cases involving returns.

Signature: _____

Printed Name: _____

Contact Number: _____
