



Skype Sky / Bleecker Consulting Group  
11555 Heron Bay Blvd, Ste 200  
Coral Springs, FL 33076  
+1 (954) 780-5470  
[www.skypesky.com](http://www.skypesky.com)

<date>

<Customer Name>  
<Company Name>  
<Company Address>

Dear <.>:

The Bleecker Consulting Group, LLC ("BCG") submits this Release Form ("Form") <customer> ("CUSTOMER") for purposes of allowing CUSTOMER to evaluate a specified Device(s) for CUSTOMER'S Project ("Project") prior to purchasing the Device(s).

CUSTOMER and BCG agree to the following conditions in order for BCG to release an evaluation Device(s) for this Project. These conditions are dictated to BCG from its Device Distributor and the following shall apply to CUSTOMER as part of the evaluation.

- BCG may request one evaluation unit for a maximum testing period of 5 business days. BCG will specify the unit to be shipped directly to CUSTOMER at the following address:
  - o <customer address>.
- The evaluation unit must be returned by the Distributor's specified date in order to avoid charges equal to the published list price of the Device (enter device, price).
- CUSTOMER shall provide BCG with the completed Credit Card Authorization included with this Form in order to receive the evaluation Device. BCG will debit CUSTOMER'S credit card for all shipping costs. BCG will debit the card for the Device cost in the amount of <enter amount>, if and ONLY if said Device is not returned by the Distributor's specified date.

Sincerely,

Skype Sky / The Bleecker Consulting Group, LLC

\_\_\_\_\_  
<signing authority>

\_\_\_\_\_  
Date

**ACKNOWLEDGED AND ACCEPTED:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



## Credit Card Authorization



Credit Card Type: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as shown on the card: \_\_\_\_\_

CVVS Number: \_\_\_\_\_

(This is the 3-digit number located on the back of the card to the right of your credit card number.)

### Billing Address

- Street: \_\_\_\_\_
- City: \_\_\_\_\_
- State / Zip: \_\_\_\_\_

By signing below, you authorize The Bleecker Consulting Group, LLC to debit your credit card according to the conditions and amount specified in this form.

Signature ..... Date .....