ALL TRAFFIC SOLUTIONS



Complete this form by typing your information into the editable PDF and printing, OR print the form and complete by hand. Be sure to sign.

- 1. Scan and email completed form to your ATS rep or FAX to (814) 237-9006
- 2. Once your request is authorized, you will be notified of the expected ship date (subject to availability).
- 3. Deploy the equipment using the instructions that will be provided
- Take advantage of complimentary remote TraffiCloud™ training
- After the evaluation period, return all equipment by following the instructions that will be provided.

TRY TRAFFICLOUD™
FREE DURING YOUR
TEST DRIVE



TEST DRIVE FORM STATTRAK

Contact Information

Name:	
Title:	
Department/Company:	
Email:	
Phone:	
Shipping Information Department/Company:	
Attention:	
Address:	
City, State, Zip:	
Email:	
Phone:	
The Customer	
 Agrees to use and evaluate the product Traffic Solutions and return within two (2). Acknowledges that if equipment is not recustomer will be invoiced up to the full p Agrees to complete a feedback form upo Your signature indicates agreement to the all 	e) weeks. Iturned or is damaged, urchase price. n equipment return.
Signature	Date