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## TRIAL OF EASY WEDGE:

**Company Name and Branch Address:**

**Contact Name and Number:**

**Number of Wedges on Trial:**

**Trial Period Duration:**

1 week from arrival

**Trial Commence Date:**

Arrival at branch date

I understand that by accepting the trial of one or more Easy Wedges, I accept the terms and conditions set out by Easy Wedge Ltd. Should the wedge/wedges be lost/stolen or damaged in any way I will pay for it/them at the full commercial value.

**Signed:**

**Print Name:**

**Date:**