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ADDRESS | PO BOX 16063  
IRVINE, CA 92623



Thank you for your interest in our products. Below is our application for the loan of SILYNX equipment for the purpose of test and evaluation (T&E) prior to purchase. Loan duration is 14-calendar days after receipt of equipment.

Please fill out the attached application, sign and return to us by email. In most instances, loan equipment will be shipped within 2-weeks after approval of application. Two reliable points of contact involved with the T&E will be required for approval.

The items are for your use and demonstration. This equipment is being provided solely for Government evaluation. The equipment and all accessories shall not be transferred or loaned to any individual or organization that is outside of the Government.

Upon completion of the evaluation, product must be purchased at a one-time evaluation discount of 20% off the retail price or returned to SILYNX Communications in like new condition. Please notify SILYNX of your intent within 48-hours after completion of your evaluation.

Please contact us at 571-748-7152 or by email [info@silynxcom.com](mailto:info@silynxcom.com) if you have any questions or need additional information.

Sincerely,

SILYNX Communications, Inc.



## TEST AND EVALUATION APPLICATION

DEPARTMENT / AGENCY / UNIT	
PRIMARY CONTACT NAME	
PRIMARY CONTACT EMAIL	
PRIMARY CONTACT PHONE NUMBER	
SECONDARY CONTACT NAME	
SECONDARY CONTACT EMAIL	
SECONDARY CONTACT PHONE NUMBER	
DEPT/AGENCY/UNIT ADDRESS	
SHIPPING ADDRESS	

1. Which headsets are currently used by your unit?
2. What is the primary radio currently used by your unit?
3. What headset features are most important to you and your team?
4. Is this an informal evaluation (possible purchase or for reference purposes) or formal evaluation (funding allocated for purchase)?
5. How did you hear about SILYNX?
6. What is the potential size of purchase (# of systems)?
7. Expected start date of evaluation:
8. Please list the model and configuration of equipment you are interested in evaluating (in-ear, over-ear, or both).

By signing this form, I understand that the equipment being sent is for temporary loan and that I am an authorized representative of the request agency. I understand that I am responsible for the equipment, its care, and timely return. I also agree to a 10–15-minute training session prior to receiving the test equipment.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_