

SIMPLEX DEMO ACTIVATION FORM

DISTRIBUTOR INFORMATION

Distributor Name: _____ Sales or Field Application Engineer Name: _____

Business Phone: _____ Email: _____

ACTIVATION ACCOUNT INFORMATION

Company: _____

Company Contact: _____

Company Phone: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

PRODUCT ACTIVATION

Device Type: STINGR Dev Kit SmartOne Solar SmartOne C STINGR STX3

ESN: _____

Activation renewal will be required after 90 Days of evaluation from the initial activation date. Contact your distribution sales rep or Globalstar RSM.

PROJECT INFORMATION

Product Application: _____

Industry: _____

Estimated Annual Usage: _____

Projected Production Date: _____

Estimated Annual Usage: _____
