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FitBit order form

| Date: | | | | | 8,348 78 1.3 |
|------------------------|--------------------|-------------------|---------------|-------------|----------------|
| Company Name: | | | | (=) | |
| Company Address: | | | | | |
| City: | State: | Zip: | | | |
| Phone: | | | | | |
| Email: | | | | | |
| Contact Person: | | | | | |
| | | | | | |
| CURRENT CENSUS | | | | | |
| Please input the curre | nt pilot census c | ount: | | | |
| ORDER DETAILS | | | | | |
| Based on your current | : census, your ini | tial Fitbit order | quantity will | be 2x the p | rovided count. |
| Initial Order Quantity | (2x Census): | | | | |
| FITBIT MODEL SELEC | CTION | | | | |
| Please indicate the sp | ecific Fitbit mode | el(s) you wish to | order: | | |
| Fitbit Versa 3: | | | | | |

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| SHIPPING INFORMATION | | | | | | |
|--|--|--|--|--|--|--|
| Shipping Address (if different from above): | | | | | | |
| Address: | | | | | | |
| City: State: Zip: | | | | | | |
| Preferred Shipping Method: | | | | | | |
| Standard (5-7 Business Days)* Expedited (2-3 Business Days) Priority (Next Day) | | | | | | |
| PAYMENT INFORMATION | | | | | | |
| Please indicate your preferred payment method: | | | | | | |
| Credit CardCheckWire Transfer | | | | | | |
| Please note: Upon submission of this form, you will be contacted by a member of our Sales Team to finalize your order and arrange payment. | | | | | | |
| I have read and accept the terms and conditions: | | | | | | |
| Signature: Date: | | | | | | |
| Print Name: | | | | | | |

*Pretaa will cover Standard Shipping costs. The customer agrees to cover any expedited or priority shipping expenses.

Please complete and return this form to Brian Pundt at: brian@pretaa.com

For questions or more information, please contact Eliza Foltz at: eliza@pretaa.com

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