



Radio Frequency Update Request Form

One form required for each device. \$50.00 each device

Name: _____

Company: _____

Address: _____

City, St, Zip _____

Phone number: _____

Email Address: _____

Radio Type (Check one)

- TrimMark 3
 5700
 5800
 R6
 R7
 R8

Serial Number _____ (required)

Channel Number	Frequency
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	

Payment Information

Total number of radios to program _____ x \$50.00
Total \$ _____

Payment Method

Purchase Order Number _____

(Attach copy of purchase order)

Credit Card

Card Type: _____

Name on Card: _____

Card Number: _____

Expiration Date: ____ / ____ CCV#: _____

Billing Zip Code: _____

See www.frontierprecision.com for contact information.