



Unit Order Configuration (Pick your Unit)

Diver/Buyer Name _____

Height ____ Weight ____ Harness: **S M L XL XXL** Counterlung: **M L** (Please Circle)

Evolution/Inspiration Lung & Wing Panel Color: Black & Yellow ____ Black & Gray ____

____ **Evolution** with ADV and Vision HUD Electronics **\$8,999.00**
35 lb Wing, PC download and logviewer software

____ **Evolution-Plus** with ADV and Vision HUD Electronics **\$8,999.00**
35 lb Wing, PC download and logviewer software

____ **Inspiration** with ADV and Vision HUD Electronics **\$8,999.00**
35 lb Wing, PC download and logviewer software

____ ***Vision Electronics Upgrade** with PC download and logviewer software **\$4,799.00**
**Check with our Service Department for Classic Electronics trade in value*

Options

____ **Upgrade to a 50lb / Wing (Inspiration only)** **\$179.00**

____ **Nitrox Decompression Software** **\$399.00**

____ **Trimix Decompression Software** *(Requires Nitrox Deco Software)* **\$499.00**

____ **Scrubber Monitor (Temp Stik)** **\$599.00**

____ **OCB, Open Circuit Bailout Mouthpiece (upgrade)** **\$899.00**

____ **Expedition Saver Kit I** O2 Sensor, O-Rings for Canister & Inflation Valves and Scrim Kit **\$250.00**

____ **Expedition Saver Kit II** - ESK I plus all Service Tools (3), Hose Connections O-Rings,
Service Kits for Cylinder Valve, Mouth Piece, 1st Regulator and Manual Inflator **\$560.00**

Date Ordered: ____/____/____ Requested Delivery Date: ____/____/____

Divers/Buyers Name: _____

Address: _____

City _____ State: ____ Zip: _____ Country: _____

Phone#: _____ Cell#: _____ E-Mail: _____

Silent Diving, LLC

383 Portland Street , Fryeburg, ME, 04037

Free Manuals Downloads www.silentdiving.com

Phone 207-935-1672

Fax 603-297-0047



Payment Information: VISA MasterCard AMEX

Note: Free ground shipping in the *USA if payment is received by check or wire transfer.
*Ground shipping costs will be credited for Hawaii and Alaska

Name as it appears on Card: _____

C/C #: _____ Exp: _____ CVV #: _____

Billing address of card statement if different address:

Address _____ City _____

State _____ Zip _____

Would you like us to save your credit card for future transactions? Yes No

Signature _____ Date _____

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Instructor Name, Agency & #: \_\_\_\_\_

Dealer: \_\_\_\_\_

Dealer Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_ Country: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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Coding for your Vision Electronics: (including spaces)

Line 1 Name: _____ Max 16 digits

Line 2 Tel: _____ Max 14 digits

Line 3 Zip: _____ Max 12 digits

Submit your order to SDS including the Waiver to complete the purchase of your unit along with a \$1500.00 deposit. Email Sales@silentdiving.com or Fax: 603-297-0047

First 12 month Lid Service is free not including Oxygen Cells. Included with shipment, intermediate pressure gauge, 1 quart of "Be"-KLEEN Disinfectant, Black & Yellow Shipping Container, and Bubble Chaser Kit.