

Polycom Demonstration Equipment Programme

Processing Form

Distributor or Direct Reseller:
Contact Person: _____

Channel Partner Name: _____ **Channel Phone:** _____
Channel Address: _____
Country: _____ Postal Code: _____ Email: _____

Indirect Reseller (if applicable):
Company Name: _____
Contact Name: _____

Address: _____
Country _____ **Postal Code:** _____
Phone: _____ **End-User E-mail:** _____

Product Name: _____	SKU: _____	Quantity: _____
Product Name: _____	SKU: _____	Quantity: _____
Product Name: _____	SKU: _____	Quantity: _____
Product Name: _____	SKU: _____	Quantity: _____
Product Name: _____	SKU: _____	Quantity: _____

I have read and agree to the terms and conditions for the Polycom Demo Equipment Programme. We further agree to use the demo equipment at one or more of our demo facilities for customer demonstration purposes and will not resell the equipment per the terms on the programme overview document.

Signature _____ Date _____
(Refer to the Demo Equipment Programme overview for complete details and terms and conditions)

Name: _____
Title: _____