

# 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: \_\_\_\_\_

