



POLYCOM®

19.

APAC VOICE DEMO & CERTIFICATION EQUIPMENT PROGRAM
Demo Equipment Processing Form

Distributor or Direct Reseller Details :

Contact Person: _____

Channel Partner Org. Name: _____ Phone: _____

Address: _____

City: _____ County _____ Post Code _____ Country _____

Email: _____

Indirect Tier 2 Dealer (if applicable – maybe used for drop shipping):

Company Name: _____

Contact Name: _____ Phone: _____

Address: _____

City: _____ County _____ Post Code _____ Country _____

E-mail: _____

Demo Product Purchased (the following information is required, add additional sheets if required)

APAC Voice Demo & Certification Program NST# 2010-01-36068

Product ID#	Long Description	Quantity
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have read and agree to the terms and conditions for the Polycom APAC Voice Demo & Certification Equipment Program. 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 program overview document. If demo equipment on this purchase order is for resale, we agree to ensure that they use the demo equipment within the guidelines on the program.

Signature _____ Date _____
(Refer to the APAC Voice Demo & Certification Equipment Program page for Terms and Conditions)

Name: _____ Title: _____