

Evaluation Form

Company Information:	
Company name: _____	Your company type is: <input type="checkbox"/> End-user * <input type="checkbox"/> Dealer/Reseller/Integrator * <input type="checkbox"/> Distributor * <input type="checkbox"/> OEM Manufacturer * Resale certificate is required .
URL/website: _____	
Contact name: _____	
Contact email: _____	
Contact phone: _____	
Contact fax: _____	
Billing Information:	
Billing contact: _____	
Bill-to-company: _____	
Billing email (required): _____	
Billing phone: _____	
Billing fax: _____	
Billing address: _____	
City: _____	
State & zip code: _____	
Country: _____	
Shipping Information:	
Your shipping account#: _____	
Shipping contact: _____	
Ship-to-company: _____	
Shipping email (required): _____	
Shipping phone: _____	
Shipping fax: _____	
Shipping address: _____	
City: _____	
State & zip code: _____	
Country: _____	

Evaluation Agreement

1.	Evaluation Period: This evaluation order starts on the date the product ships to you and ends 30 days later. I, _____, agree that I am obligated to return the product to NCast Corporation or to pay for the equipment at the following total price if not returned after 30-days: \$ _____ USD.
2.	Returning the Evaluation: To return a product, you must obtain a Return Merchandise Authorization (RMA) number within the guarantee return period for the NCast product and provide a detailed reason for the return, i.e. why you decided not to purchase the product, and submit this information to http://www.ncast.com/RMA/RMAForm.html?rules=ACCEPT . All returns must be received by NCast before the last day of the expiration of the evaluation. Product and accessories must be returned in its original packaging condition by the return date specified above. Customer is responsible for all repair or replacement costs if damaged. Customer is responsible for shipping and any duty, Vat or taxes.
3.	Securing the Evaluation: please provide your credit card number to be used only if you do not return the product after your evaluation period ends: Credit card # _____ Expiry: _____ Card type: Visa/MC/Amex Card holder's name: _____ Card holder's signature: _____
4.	If You Decide To Keep Product: If you decide to purchase the product, please submit a Purchase Order number. A service charge of 2% per month will be added to past due accounts unless satisfactory arrangements are made with our credit department.

Your Company Information

Coverage territory: _____	Year company was founded: _____			
How many office locations: _____				
How many employees in your company?	Less than 50 <input type="checkbox"/>	50 - 500 <input type="checkbox"/>	501 - 1000 <input type="checkbox"/>	More than 1000 <input type="checkbox"/>
Approximate annual revenue in dollars?	Less than 1M <input type="checkbox"/>	1M-10M <input type="checkbox"/>	10M-50M <input type="checkbox"/>	More than 50M <input type="checkbox"/>