

PROOF OF CONCEPT (POC) REQUEST

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Please fax this form back to 1300 733262

Partner / Reseller Details

Company Name: _____ PO# _____

Address: _____

City: _____ State: _____ Postcode: _____

Contact Name: _____

Phone: _____ Fax: _____

Email: _____

End User Details

Company Name: _____ PO# _____

Address: _____

City: _____ State: _____ Postcode: _____

Contact Name: _____

Phone: _____ Fax: _____

Email: _____

Product Required

Product Make and Model: _____

Reason for POC: _____

Key Decision Making Factors: _____

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Network Details – speed and mode (duplex) of equipment either side of this device

Please attach a current network diagram with this form – or email to support@techplus.com.au

Current Issues – describe the issues you are looking to resolve with this evaluation

Acceptance of Terms of Proof of Concept (POC)

- I understand that the goods being supplied to me as per my request above are for the purposes of a Proof of Concept. Should the products perform as required in the “Key Decision Making Criteria” I commit to purchase these products and agree that my Purchase Order number as quoted above can be used for this sale.
- I understand that the standard period of this POC is **10 days** from the time it leaves the Techplus warehouse until the time it is signed and received back at Techplus. (If a longer period is required please advise on this request form, and ensure it is stated on the Techplus paperwork when the goods are received). I agree that failure to return the goods within the time frame denotes my acceptance of ownership of the goods and that an invoice will be supplied for these items.
- **I understand that these goods are provided for PROOF OF CONCEPT purposes only and cannot be rented, leased or profited from in any way. If it is found that this condition has been breached I agree that Techplus will impose their standard rental charges based on the period the goods have been loaned.**
- I agree that, should they not meet our stated criteria, I must return the loaned items in the original packaging (that they were issued in) and free of any labels etc. on retail packaging. If I fail to do so I am liable for the costs of restitution or the full value of the goods. (If you receive the goods in a condition contrary to that stated above you must advise of such within 48 hours of receiving the goods).
- I agree that all freight costs to and from Techplus Distribution are our responsibility and that all goods will be deemed to be under our care and obligation until returned to and signed for by Techplus.

Signed: _____ Date: _____

Name: _____ Title: _____