



VIEVU Test and Evaluation Agreement

Department Name: _____

Department Address: _____

Department City: _____ State: _____ Zip: _____

Contact Name: _____ Position Title: _____

Phone Number: _____ E-Mail Address: _____

Product(s) to Test (Select All That Apply) PVR-LE2 Car Kit

This agreement contains the terms and conditions governing a test and evaluation process for the department identified above.

The department will test selected product(s) for 30 calendar days. At the end of that evaluation period, department may purchase the product(s), return the product(s) or contact VIEVU to extend the evaluation. VIEVU will send an invoice for the product(s) if they are not returned.

During the evaluation if the product is damaged by the department, the department agrees to pay VIEVU the purchase price.

VIEVU agrees to pay standard shipping to deliver the product(s) to the department. The department will pay return shipping and provide the tracking number (required) to VIEVU.

- I Agree To The Terms and Conditions Listed Above
- I am Authorized To Enter Into This Agreement On Behalf of The Department Listed Above

Date Entered Into Agreement: _____

Return Completed Agreement To:

Mail: VIEVU T&E Dept
105 W. John St.
Seattle WA 98119

Fax: 206-299-3380
Email: info@viewu.com

VIEVU Use Only

PVR Serial #:

Date Sent:

Event: