

# EVALUATION LOAN AGREEMENT

The User, as identified below, agrees that the terms and conditions herein shall govern the Product described below. Intelligent Peripheral Distribution (a.k.a. IPD) will, at no charge, provide the Product below to the User for evaluation purposes only. The User agrees to pay for RETURN shipping charges to IPD. Please call IPD for needed information.

IPD Model	Description	Serial Number	Value
_____	_____	_____	\$ _____

**TERM :** This agreement shall commence upon delivery of the product listed above to the User and shall terminate when the Product is returned to IPD or purchased by the User. The User agrees to either return the above mentioned product by or pay the indicated value.

**TITLE :** IPD will retain all title to the Product. User will indemnify IPD against all loss, damage, or destruction to the Product, while on the premises of the User, resulting from gross negligence or intentional act of the User. This right of usage is non-transferable.

**GENERAL:** When returning the evaluation product, the User agrees to use the same (or equivalent) packaging provided by IPD and will clearly mark the outside of the package with " RA # EVAL - \_\_\_\_\_ ".

This agreement, and any attached Supplemental Terms, constitutes the entire agreement and understanding, and supersedes all prior proposals, negotiations and communications, oral and written, between the parties relating to the subject matter hereof.

This Evaluation Loan Agreement , as defined above, is offered until \_\_\_\_\_. Should this agreement not be agreed to by both parties prior to this date, the particular evaluation unit referenced herein may not be available.

**USER:**

<b>Name:</b> _____	<b>Shipping Address:</b> _____
<b>Company:</b> _____	_____
<b>Title:</b> _____	_____
<b>Phone:</b> _____	<b>City, State:</b> _____
<b>FAX:</b> _____	<b>Zip Code:</b> _____

\_\_\_\_\_  
Signed (User) Date

\_\_\_\_\_  
IPD Acceptance Signature Date

Please provide us with the following **optional** information to ensure that your evaluation unit is configured correctly. Then, FAX or Mail this signed Agreement to IPD . An acknowledged copy will be returned to you along with the evaluation unit. Thank You.

System(s) to be tested on : \_\_\_\_\_

Operating System Revisions : \_\_\_\_\_

SCSI Controller Model(s) : \_\_\_\_\_

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