



Customer Product Demonstration Request

5770 Hellyer Avenue
San Jose, CA 95138-1000
877-637-1110
customercare@ndssi.com

DEMONSTRATION REQUEST	
Date of Request:	Part Number(s):
Requested Ship Date:	
Nominal lead time from request date to ship date is one week for current released products.	Part Description(s):
	Requester's Name:
Days Requested:	Customer PO # (required):

SHIPPING METHOD		
All demo units ship FedEx Ground unless otherwise specified. Customer is required to pay for express delivery requests.		
Shipping Method: UPS FEDEX DHL	Other:	
Customer Shipper Number:		
OUTBOUND shipping cost to be paid by:	NDS	Customer
INBOUND shipping cost to be paid by:	Customer	NDS

CUSTOMER INFORMATION		
Company Name:	Phone:	
	Email:	
Attention:		
Street:		
City:	State:	Zip:



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CUSTOMER AGREEMENT	
<p>Customer is responsible for the equipment until returned to NDS Surgical Imaging (NDS). Customer agrees to either return the equipment within _____ days, or Purchase the equipment at a price quoted by the Account Manager. Customer agrees to save and reuse the original shipment boxes to return equipment to NDS.</p> <p>Customer shall also return all inserts, cables, power supplies, and any other accessories to NDS. Customer is responsible for the replacement cost of all inserts, cables, power supplies, and other accessories if they are not returned with equipment.</p> <p>If the evaluation equipment covered by this Agreement is lost or damaged beyond normal use, or due to poor return packaging, Customer agrees to be responsible for the total repair or replacement costs.</p>	
Customer Name:	Date:
Customer Signature:	
Title:	
NDS USE ONLY	
Description:	
NDS Approval Signatures	
Account Manager:	Date:
VP of Sales:	Date:
VP of Marketing:	Date:
Packed By:	Date:
Tracking Number:	Ship Date: