



Vision for Net Media

1288 Kifer Rd., Suite 203, Sunnyvale, CA 94086 Ph: (408) 991-9699, Fx: (408) 991-9691

Date: Tuesday, February 12, 2008

PRODUCT REQUEST FORM

Ship To: _____ Attn: _____
Address: _____
Phone: _____ Fax: _____
E-mail: _____

If Bill To address different, please indicate: _____

Requested by: Ingrid Lee; Evaluation period: 30 days (*)
(* All returns received more than 15 days beyond Evaluation period subject to a 15% restocking charge.

PRODUCT: **QUANTITY:** **UNIT PRICE:**

PAYMENT INFORMATION

Your Purchase Order Number #: _____ . (Please enclose a hard copy of your purchase order with the submission of this evaluation agreement.)

Or, Credit Card: Type: _____; Acct#: _____
Exp Date: _____; Name On Card: _____

NOTE: UPS Ground transportation costs are not included in the purchase price of the product. If you prefer a faster method, the full transportation cost must be billed on either a credit card or sent UPS C.O.D. Please specify: ____UPS Ground ____UPS Orange ____UPS Blue ____UPS Red
Please bill the full amount--for faster delivery--to: ____Above listed credit card ____Send UPS COD

Purchase Orders: For products being kept longer than the thirty (30) day evaluation period, please remit payment to our accounts receivable department
C/o: AITech International Corporation
Attn: Accounts Receivable
1288 Kifer Rd., Suite 203
Sunnyvale, CA. 94086

Products returned beyond the additional seven (7) day grace period (to allow for return shipment to AITech) will be billed a 15% restocking fee.

RETURN INFORMATION

Should you decide to return the product, please call your AITech contact to receive a RMA number. NO RETURN WILL BE ACCEPTED WITHOUT AN RMA #. Return address and phone # are shown above

In the event applicant fails to pay the balance due, seller may exercise all rights and remedies the applicable law(s) allows, including reimbursement of all collection, court costs and attorney fees.

I am authorized to enter into this agreement and fully agree to the above terms and conditions:

Signed: _____ Date: _____