

DIGIUM EVALUATION REQUEST FORM

Please complete the following information for Digium equipment for evaluation.

Name: _____ Date: _____
Company: _____
Address: _____
City _____ State _____ Zip/Postal _____
Country _____
Phone: _____
Email: _____
Credit Card: _____ Expiration Date: _____
Verification #: _____
Product Requested _____

Evaluation Timeframe Needed:

Please check one:

1 week
2 week
30 days

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Ship to:
Attention _____
Company _____
Address _____
City _____ State _____ Zip/Postal _____
Country _____
Phone: _____
Email: _____

Note: Once approved, Digium will ship your requested equipment at no charge. Return of the equipment must be in its original packing material and returned directly to your iCAM's attention at 445 Jan Davis Drive/Huntsville, AL 35806 within the evaluation timeframe. If equipment is not returned, or an extension is not requested, your credit card will be charged.