

PRODUCT EVALUATION REQUISITION FORM

** To be filled up by DISTRIBUTOR or RESELLER*

Enduser Company Details

Company Name:	Phenom Aria Co.,Ltd.
Address: (with full details please)	Address: 33,15-a1 Soi Suwanmanee, Samsennoak, Huaykwang , Bangkok 10310 State: Zip: 10310 Country: Thailand
Attention To:	1. J. Kwan
Designation:	1. IT
Telephone Fax: Mobile:	Phone : +66-611-0055 , Fax : +66-2611-0007
Email address	jkwan@phenom-aria.com
Size of the company	# of Desktop : 10 # of Server: 100
Websites	www.phenom-aria.com

Evaluation Product Details

Item	Description	Trial period required	Quantity
1	Business Space Security	1 month	110

For trial license more than 30 days, please state the reason:-

Evaluation Period

Start Date	End Date	Duration
		1 month

Important Questions to answer:-

1. First time - trial License Customer Yes No
2. If No, what was the duration of the trial license? _____
3. Was the trial license under the same name? Yes No
4. If No, what was the name used? _____

Requested By:

Company: Add In Business Co., Ltd	Requested by
Address 1: 1337 Adon Park Towers 3A1, Basement, Thungmamek Sathorn Bangkok 10120	Name: Dan Zeto
Address 2:	Email: danzeto@addin.co.th
Tel : Fax:	Mobile: 081-3330011

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