

CTAP Application Form

Basic Information:

Contact Name: _____

Name of the company: _____

Address of the company: _____

Contact info: Work _____ Cell _____

Email: _____

Is the ship to address different form the company address: Yes No

If No, please specify: _____

Purpose of the unit: _____

Time Frame of the unit: 2 Weeks 4 Weeks Other, Please specify: _____

Date of return: _____

Would you need help for set-up and demo evaluation? Yes No

End Users Information:

Company Name	City/State	Industry	Size of the company

Comments/Feedback:

Have Questions? Contact your Fine Tec Sales Rep or email us at sales@finetec.com

Agreement:

1. The partner is responsible for the shipping cost both ways.
2. Partner needs to issue an \$0 PO.
3. Partners will return the unit to Fine Tec as clean and undamaged.
4. Partners are liable for any damage caused during the use.
5. This is the property of Fortinet and I agree to the terms set forth above for the use of CTAP unit and agree to be hold for any damages associated with the use of the unit.

Signature: _____

Date: _____