XPPen Demo Product Request Form

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| **Applicant**  |  |
| **Date of Application**  |  |
| **Business/Corporation Name**  |  |
| **Business/Corporation Email**  |  |
| **Business/Corporation Phone**  |  |
| **XPPen Demo Model Request 1**  |  |
| **XPPen Demo Model Request 2** |  |
| **Shipping Address**  |  |
| **Applicant’s Signature**  |  |

By filling and signing this form, you agree to participate in XPPen’s Product Demo Program, which provides the participant 2 XPPen products for 2 weeks for testing purpose. Participant shall return demo products by the end of the 2-week trial, and complete a product questionnaire.

Please send this request form to distribution@xp-pen.com. A sales representative will contact you shortly. Should you have any questions about this program, our product, or procurement purchase, please do not hesitate to let us know!

