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](mailto: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!

