



AGREEMENT FOR TEST & EVALUATION (T & E) OF PRODUCT SAMPLES

Date: _____

Name of Company/Agency: _____

Contact Person: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

PRODUCT(S) REQUESTED FOR T & E SAMPLES:

| <i>Qty</i> | <i>Newmar Model #</i> | <i>MSRP Price less 20%</i> |
|------------|-----------------------|----------------------------|
| : | | \$ |
| : | | \$ |
| : | | \$ |
| : | | \$ |

TEST DURATION:

30 Days _____ 60 Days _____ 90 Days _____ 120 Days _____

PLEASE NOTE: If the above T & E products are not returned to Newmar within the above time period, the requesting company/agency agrees to purchase these products at the current MSRP price less 20%.

Name (printed): _____ Title: _____

Signature: _____

Please complete this form and FAX back to Newmar at (714) 957-1621 for approval.

| |
|---|
| NEWMAR USE ONLY Approved by _____ Date: _____ |
|---|

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