



**Requestor Information:**

Company Name					Type Of Business			
Company Address:								
City			State		ZIP		Country	
Contact/Evaluator					Title			
Phone			Fax			E-Mail		

**Project Name:**

**Project Description:**

Note: Please fill out Storage Qualification form.

**BiTMICRO Product Model for Evaluation:**

**Expected Quantity:**

**Implementation Target:**

(0 – 2 months)    (3 – 6 months)    Other (Pls. Specify):

**Budget Allocated:**

**Project Objectives / Requirements:**

<i>Connectivity:</i>
<i>Compatibility:</i>
<i>Functionality:</i>
<i>Performance:</i>
<i>Others:</i>



Target Demo Setup:	
Server/s:	
Operating System/s:	
HBA/s:	
Application/s:	
Storage Interface:	

If BiTMICRO grants this evaluation request, we agree to:

- Fill-up an evaluation survey form at the end of the evaluation process through the online RMA procedure.
- Provide BiTMICRO evaluation results, based on objectives/requirements stated above.

Company Name: \_\_\_\_\_  
Company Representative (Title): \_\_\_\_\_

\_\_\_\_\_  
Signature / Date