



WOLFCOM Body Cameras & In-Car Video APPLICATION for FREE 14 Day Trial

Please Email back to your Account Manager or
FAX Completed Application to 626-794-9015

		
<p>WOLFCOM HALO</p>	<p>WOLFCOM COMMANDER</p>	<p>MDT Mobile Client Software</p>
		
<p>Mini-DVR In-Car Video System</p>	<p>EVIDENCE MANAGEMENT SYSTEM</p>	<p>ASR Automatic Smart Redaction</p>

PLEASE CHECK THE ITEMS YOU WANT TO TEST

GENERAL INFORMATION

Department/Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____ Fax: _____

Email: _____ Website: _____

IMPORTANT PLEASE READ

Dear Customer, we would be glad to send you a free trial unit for you to Test and Evaluate. However, for us to send a Free Trial kit to you is extremely costly to us (Approximately \$500 per Trial) and doesn't guarantee us a sale.

Many police agencies in the past have received our trial units and returned them without providing us any feedback, communication, or contacting us when they have an issue during the trial. Some of them keep them without ever paying for it or returning it.

It's frustrating to receive a Trial kit back only to find out that the tester never tested our product or was not able to fully test our product due to an issue that could have been easily solved with just one phone call to us.

We ask that you abide by our Terms and Conditions to receive a 14 day Free Trial of our Products.

Conditions for FREE 14 Day Trial

To be approved for our trial program you must check & agree to the following:

1. **YES, I AGREE** To get you off to a good start, the person or persons in charge of Testing and Evaluating must participate in a 30-minute Online Training when they receive our trial kits. This is important as we will need to show the Tester how to configure the camera and upload to our Evidence Management System. We want you to have the best experience.
2. **YES, I AGREE** The person or persons in charge of Testing and Evaluating the unit must agree to a weekly update with a WOLFCOM Account Manager to provide feedback.
3. **YES, I AGREE** After your trial is over, you agree to a 10 minute phone call with us.
4. **YES, I AGREE** A direct contact number to the person in charge of Testing and Evaluating our cameras must be provided to us here:
5. **YES, I AGREE** Not shipping back the Trial Kit back to WOLFCOM after my 2 week trial is over will result in lost sale opportunities from other Agencies that are waiting for their turn.
6. **YES, I AGREE** If I do not ship the Trial kit back within 30 days of receiving it, It will be considered a purchase and I will assume full responsibility for payment of the cost of the Trial kit.

Person conducting the T&E: _____

Title /Rank

First Name

Last Name

Mobile Phone 1: _____

Desk Phone 2: _____

Email: _____

Best Time and Day for us to call the Tester for the Weekly Update & Feedback of your Trial
(Please circle all that applies)

Monday - Tuesday - Wednesday - Thursday - Friday - Saturday - Sunday

From _____ AM/PM To _____ AM/PM PST/MST/EST

TERMS OF FREE 14 DAY TRIAL AGREEMENT

- 1) All merchandise provided to the Applicant shall remain the property of Wolfcom Enterprises until paid in full.
- 2) All merchandise provided to the Applicant during the 14 Day Trial Period is the responsibility of the Applicant and the Applicant is liable for the unit if it is lost, stolen, or damaged. In the event the unit is lost or stolen the Applicant agrees to pay for the unit in the amount stated on the invoice/salesorder. In the event of damage, the Applicant agrees to pay for the cost of repairs.
- 3) Applicant Agrees to pay all return shipping cost to WOLFCOM.
- 4) If the Applicant fails to return the unit 30 days from the date the Applicant receives the unit, the unit is considered to be sold to the Applicant and an Invoice will be sent. Wolfcom Enterprises will refuse all returns after the 30th day.
- 5) Applicant is responsible for deleting all video and photo files before shipping back to us. Any video or photos files not deleted on the unit will remain the property of Wolfcom Enterprises and may be used for marketing purposes.
- 6) Applicant shall not share or provide access to our Products & Software to any competitor. This includes Passwords, User Manuals, Brochures, and System Access.

GOVERNMENT/LAW ENFORCEMENT OFFICER CONTACT INFORMATION

Important: The **Chief of Police** must sign in order for the application to be approved. A total of 2 Signatures are required for the application to be approved.

By signing below, I attest that I am fully authorized on the behalf of my department to enter into this agreement and that my department agrees to abide by the terms set forth above.

Signature 1: _____ Date ____/____/____
UnderSheriff / Chief of Police / Sheriff

Printed Name: _____
First Middle Last

Title/Rank: **UnderSheriff / Chief of Police / Sheriff** Unit/Dept.: _____

Phone: _____ Email: _____

By signing below, I attest that I am fully authorized on the behalf of my department to enter into this agreement and that my department agrees to abide by the terms set forth above.

Signature 2: _____ Date ____/____/____
Applicant or Authorized Representative

Printed Name: _____
First Middle Last

Title/Rank: _____ Unit/Dept.: _____

Phone: _____ Email: _____

Before sending in this application:

Please be sure the entire application is completely filled out to avoid processing delays.

Please FAX this document back to us at 626-794-9015 or Scan and e-mail back to your Account manager.