



ACD/LABS SOFTWARE EVALUATION REQUEST FORM

シートに必要事項をご記入いただきました後、富士通(株) テクニカルコンピューティング・ソリューション事業本部
ACD/Labs評価版担当 (Fax:043-299-3010) までご返送下さい。

Product(s) To Be
Evaluated (評価ご希望の製品名をご記入下さい。 (例) ACD/Spectrus Processor)

Evaluation Objective(s) (評価目的をご記入下さい。 (例) Operability review)

NOTE: To publicize the results of your evaluation, you must first obtain
written authorization from ACD/Labs.

Term of software license
granted for evaluation purposes (ご希望の評価期間30日 (例: 2016/Jan/23~2016/Feb/21) をご記入下さい。)

Evaluation Fee (費用は発生しませんので、何も記入しないで下さい。)
(Evaluation of some products is provided for a fee. Discuss the evaluation requirements
with your ACD/Labs representative before requesting an evaluation.)

ACD/Labs Initiator's
Name and Position (ACD製品を紹介された人の名前をご記入下さい。 (例) Fujitsu)

Evaluator's Name
And Position/Title (評価版をお試しになる方のお名前と役職をご記入下さい。)

Organization's Name (御社名をご記入下さい。)

Address (ご住所をご記入下さい。)

Phone Number (電話番号をご記入下さい。)

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