

**PROSKOOL SOFTWARE EVALUATION  
REQUEST FORM**



Please send completed form to [info@theproskool.com](mailto:info@theproskool.com)

**By completing and signing this document, you agree that:**

- The term ProSkool Products under Evaluation (“Evaluation Product”) describe all modules of the school management software, and documentation.
- The Evaluation Products are for internal Evaluation and/or customer demonstration purposes only. I agree not to copy, decompile, disassemble or reverse engineer the Evaluation Products. I further agree not to sell, lease or otherwise encumber the Evaluation Products without express written authorisation from the board of **PXN CONSULTING**.
- The Evaluation Products are and shall remain the property of **PXN CONSULTING** during the Evaluation period and are protected by all applicable patent, copyright and trademark laws.
- At the end of the Evaluation period:
  - (1.) If I choose to purchase the Evaluation Products, I will do so by submitting a purchase order, which will be clearly marked as “Evaluation purchase”. My purchase order will be emailed to [info@theproskool.com](mailto:info@theproskool.com) and made out to **PXN Consulting/ Attn: Sales Manager/ The Trapezium House, 4b, Toyin Street, Ikeja, Lagos State, Nigeria**.
  - (2.) If I choose not to purchase the Evaluation Products, I will ensure that the installed Evaluation Software Products will be removed from my System (s) and all copies of the software be returned to **PXN Consulting**.

If the Evaluation Products are returned to **PXN CONSULTING** at the end of the Evaluation period, there will be no charge or expense to me. If any Evaluation Products are not returned to **PXN CONSULTING**, at the end of the Evaluation period, I will be invoiced by **PXN CONSULTING** at the current full list price of the Product.

*The information must be duly signed by an authorised representative of the School:*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_ Titled \_\_\_\_\_  
School Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_

*Evaluation Period:*

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Performance Review /date \_\_\_\_\_  
(Any extension to the Evaluation period requires additional approval from **PXN CONSULTING**)

*Product requested for this Evaluation request:*

Product \_\_\_\_\_

*Approved By: (This section to be completed by PXN CONSULTING)*

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

