

MS Agreement Number:

Part 1 of the

**Microsoft OEM Customer License Agreement for Embedded Systems
Signature and Information Form**

Instruction: Company must (i) complete this Part 1 of the Agreement and (ii) print 1 copy, sign it and send it back to the MS Distributor. The MS Distributor will submit it to Microsoft Ireland Operations Limited (“MS”). The original copy countersigned by MS will be mailed to the Company thereafter. To reduce printing and shipping costs please print on both sides of the page, as opposed to single pages.

This signature form and all contract documents identified in the table below are entered into between the Company and MS as of the Start date identified in the below signature block.

Contract Document	Number or Code
Part 1 of the of the Customer License Agreement for Embedded Systems	Version 4.1
Part 2 of the of the Customer License Agreement for Embedded Systems	Version 4.1

By signing the below signature block, Company and MS agree that both parties (1) have received, read and understand the above contract documents, including any websites or documents incorporated by reference and any amendments and (2) agree to be bound by the terms of all such documents.

Company certifies that it has not edited or changed this Signature form or the above contract documents in any respect and agrees that any edits to such contract documents are void.

Company (type OEM’s full legal name)*:

The Sample Corporation

A company organized under the laws of*:

Germany

Microsoft Ireland Operations Limited

A company organized under the laws of:
Ireland

MS USE ONLY

By*: _____
(signature – please sign in pen)

By*: _____
(signature)

Name*: Jim Sample

Name*: _____
(printed)

Job Title*: General Manager

Job Title*: _____
(printed)

Date*: 10/10/2010
(mm/dd/yyyy)

Date*: _____
(mm/dd/yyyy)

If Company has had a Microsoft OEM Customer License Agreement for Embedded Systems prior to this Agreement please list the prior agreement's document number and/or OEM Customer Organization ID as provided by MS.

Prior Agreement Number: 123456

OEM ID: 98765

Part 1
of the
Microsoft OEM Customer License Agreement for Embedded Systems

Notices & Contact Schedule

Any written notices related to this Agreement must be in the English language and addressed to each of the contacts and locations listed below. Each party may change the contact or address below by providing notice.

MS Information

Company shall send notices to:

Microsoft Ireland Operations Limited
European Operations Centre
The Atrium Building, Block B
Carmanhall Road
Sandyford Industrial Estate
Dublin 18
IRELAND

Attention: OEM Contracts

Phone Number: 353-1-295-3826

Fax Number: 353-1-7064110

Email: mioldss@microsoft.com

Part 1 (continued)
Notices & Contact Schedule (continued)
(Please type OEM's information below.)

Company Information

Company Name*: **The Sample Corporation**

Address*: Sample Street 123
(Physical/Street Address required, Post Office Box not accepted)

City* and State/Province: Munich

Country*: Germany

Postal Code*: 80331

Primary Contact Name*: John Other

Primary Contact Job Title*: IT Manager

Primary Contact Phone Number*: 0049 89 123 123 45

Primary Contact Fax Number: 0049 89 123 123 99

Primary Contact E-mail*: john.other@samplecorp.com

Notification Contact Information (different from primary)

(This section Optional, contact will receive notifications in addition to primary contact. Contact does not need to be in region)

Notification Contact Name: Michael Contact
*(Fields marked with a ** are required if Notification Contact Name is given.)*

Notification Contact Address** : Sample Street 123

City** : Munich

State/Province: Bavaria

Country** : Germany

Postal Code** : 80331

Notification Contact Phone** : 0049 89 123 123 47

Notification Contact Fax: 0049 89 123 123 99

Notification Contact Email** : michael.contact@samplecorp.com

Embedded System Device Category Information

Please indicate the primary type of Embedded System that Company manufactures or distributes under this Agreement.

Device Category (Business Vertical) *: Industrial Automation Device

Options *(for reference)*:

- Arcade/Consumer Gaming Device
- Casino Gaming Device
- Point of Sale Device
- Industrial Automation Device
- Security / Surveillance Device
- Navigation Device
- Kiosk
- Medical Device
- Server
- Printing Device
- Thin Client Device
- Telephony Device
- Test and Measurement Device
- Digital Signage
- Set-Top Box
- Hand Held Data Terminal/PDA
- ATM
- Electronic Payment Terminal
- Network Projector
- Media Player
- Digital Picture Frame
- CCTV/Surveillance/Security
- Feature Phone
- Other

Company Ship To Information for Deliverables, Updates, and Replacements

(The Ship to information must be part of Company)

Ship to Contact Name*: John Other

Ship to Address*: Sample Street 123
(Physical/Street Address required, Post Office Box not accepted)
(Must be within the distributor's approved Region)

Ship to City* and State/Province: Munich

Ship to Country*: Germany

Ship to Postal Code*: 80331

Ship to Contact Phone Number*: 0049 89 123 123 45

Ship to Email*: john.other@samplecorp.com

Developer Name: _____

Developer E-mail *(If Developer Name is provided, must provide email)*: _____

Name of MS Distributor providing this Agreement to Company*: **Elbacom GmbH**

Country of MS Distributor*: **Germany**

Part 1 (continued)
Integrator Information

If Company has an Integrator (third party that uses the Deliverables only to create and test an Image or related software for an Embedded System), then in the designated space below, Company shall fill out information regarding at least one but not more than two Integrators that Company intends to engage. If Company has more than two Integrators at the time of execution of this Agreement, please photocopy this page, fill in the required information, and send it in with the signed Agreement. To add Integrators after the execution date, see the Third Party Integrator Schedule.

First Integrator Information

Company Legal Name*: _____

Contact Name*: _____

Contact Job Title*: _____

Address* : _____

(Physical/Street Address required, Post Office Box not accepted)

City*: _____

State/Province: _____

Country*: _____

Postal Code*: _____

Contact Phone Number*: _____

Contact Fax Number: _____

Contact Email Address*: _____

Second Integrator Information

Company Legal Name: _____

Contact Name: _____

Contact Job Title: _____

Address: _____

(Physical/Street Address required, Post Office Box not accepted)

City: _____

State/Province: _____

Country: _____

Postal Code: _____

Contact Phone Number: _____

Contact Fax Number: _____

Contact Email Address: _____

CONTINUING INTEGRATOR Information

If Company has an Integrator that was approved by MS in writing under the expiring Agreement between MS and Company, then Company shall fill out information regarding such Integrator in the designated space below if they choose to retain that Integrator.

Integrator Legal Name

1. _____

2. _____

3. _____

4. _____