

Microsoft OEM Customer License Agreement for Embedded Systems

(CLA Version 4.0)

By signing below, Microsoft Ireland Operations Limited (“MS”) and the undersigned company (“Company”) agree to be bound by the terms of this Microsoft OEM Customer License Agreement for Embedded Systems and the Additional Terms as defined below (“Agreement”).

Company certifies that it has not edited or changed this Agreement in any respect. Any edits to this Agreement are void.

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

The Sample Corporation

Microsoft Ireland Operations Limited

A company organized under the laws of: Ireland

A company organized under the laws of\*:

Germany

MS USE ONLY

By\*: \_\_\_\_\_

(signature – please sing in pen)

By\*: \_\_\_\_\_

(signature)

Name\*: Jim Sample

Name\*: \_\_\_\_\_

(printed)

Job Title\*: General Manager

Job Title\*: \_\_\_\_\_

(printed)

Date\*: 09/09/2009

(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 Organization ID: 98765

Fields marked with an \* are required information

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## 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](mailto:mioldss@microsoft.com)**

*Fields marked with an \* are required information*

**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 89 123 123 112**  
 Notification Contact Fax: **0049 89 123 123 99**  
 Notification Contact Email\*\* : **michal.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: **[REDACTED]**  
 Developer E-mail *(If Developer Name is provided, must provide email)*: **[REDACTED]**

Name of MS Distributor providing this Agreement to Company\*: **ELBACOM Gmbh**

Country of MS Distributor\*: **Germany**

*Fields marked with an \* are required information*

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### 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\*: [REDACTED]

Contact Name\*: [REDACTED]

Contact Job Title\*: [REDACTED]

Address\* : [REDACTED]

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

City\*: [REDACTED]

State/Province: [REDACTED]

Country\*: [REDACTED]

Postal Code\*: [REDACTED]

Contact Phone Number\*: [REDACTED]

Contact Fax Number: [REDACTED]

Contact Email Address\*: [REDACTED]

#### Second Integrator Information

Company Legal Name: [REDACTED]

Contact Name: [REDACTED]

Contact Job Title: [REDACTED]

Address: [REDACTED]

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

City: [REDACTED]

State/Province: [REDACTED]

Country: [REDACTED]

Postal Code: [REDACTED]

Contact Phone Number: [REDACTED]

Contact Fax Number: [REDACTED]

Contact Email Address: [REDACTED]

### 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. [REDACTED]
2. [REDACTED]
3. [REDACTED]
4. [REDACTED]

*Fields marked with an \* are required information*