

Application for 90 day review of the PopDrive

| Company Name | |
|-----------------|--------------------------------|
| Your Name | |
| Address 1 | |
| Address 2 | |
| City | |
| State | |
| Zip | |
| Country | - |
| | |
| Work Phone | () |
| Cell Phone | () |
| E-mail | |
| Website | http:// |
| | |
| Ship to: □ same | e as above -or- fill out below |
| | |
| Company Name | |
| Attention: | |
| Address 1 | |
| Address 2 | |
| City | |
| State | |
| Zip | |
| Country | |



⁻ Be sure to fill out the second page -

| Name of Publication Website address of publication | | | | |
|--|----------------------|------------|--------|--|
| Please list the approximate number reviews you have written for this pu | | | | |
| For print publications - | | | | |
| Circulation | | | | |
| For online publications - | | | | |
| Page Hits per month: | | | | |
| From the time that that review unit how many weeks before the produc | | | | |
| If the publication date is known, ple | ase list it here: | | | |
| Once the 90 day review is complete with the return shipping label that v | _ | | kaging | |
| Signature | | Print Name | | |
| Date | | | | |
| Please send the completed form to: | reviews@popdrive.cor | n | | |