Educational Purchase Requisition Insert Institutions Logo, Name, Address, Phone and fax number: The above mentioned educational institution wishes to order the following Intusoft product's at the quantity and prices listed below. The purchase will be through CAREL Poland: Dealer CAREL Cezary Rudnicki Phone +4822 624-0619; Contact CAREL Cezary Rudnicki E-mail: cezary.rudnicki@carel.waw.pl Part# **Product** Configuration **Price** The following list of requirements are mandatory for this purchase to be accepted by Intusoft. The department head of the institution, where the software will be located, must acknowledge by signature the acceptance of this agreement at the time the order is placed. We hereby certify that the above mentioned software products will ONLY be used for teaching and training purposes or academic 1. research within this institution. We hereby certify that the above mentioned software products will NOT be used for commercial or governmental research. We hereby certify that the above mentioned software products will NOT be resold, reshipped or given directly or indirectly to 3. students or any other party without Intusoft's permission. We promise to post the latest Intusoft demo software on the Institutions Web site on or about (insert date) 4. existence of the demo within the educational community. The web site address is We acknowledge the receipt of Intusoft's license agreement. By returning a signed copy of the license along with this request for purchase of software, we accept all terms of the license. We hereby promise to give recognition to the software and Intusoft in any technical presentation, papers and reports published by 6. students and staff when the above mention software is used to develop content for publication. We hereby promise to forward to Intusoft any non-confidential presentations and papers generated with the help of the above mentioned software. We acknowledge that the institutional purchase order in English and the signed Intusoft License Agreement is attached to this 8. document. For the Educational Institution:

| Signature | | Name | | Title | Date |
|---------------------------|------|------|---------|-------|------|
| Alternate Technical Conta | ict: | | | | |
| Signature | | Name | | Title | Date |
| Phone: | Fax: | | E-mail: | | |

8/28/98