

Eye-See Trial Application Form



Organisation Name:		Contact Name:	
Organisation Address:			
		Contact Email:	
Billing Address:		Billing Contact	
		Billing Email:	
I request that the following users are allocated Eye-See licences, initially on a trial basis (max 5 users).			
User Name:		Email:	
I acknowledge the following: <ul style="list-style-type: none"> • The trial period is for a maximum of 30 days from the date of acceptance shown below • The trial supports a maximum of 5 named users • The trial provides a maximum of 200 minutes of video calls • Access to the recording module is not available during the trial period • Use of the service beyond the end of the trial period represents entry into a commercial contract for the provision of Eye-See at the published commercial rates. 			
Signed:		Date:	
Name:		Position:	

Note: Eye-See provision is subject to Clear Ideas standard Terms and Conditions which can be found at <https://clearconnections.ie/terms-conditions/>