

Hardware Advanced Replacement Form Please fax to 212-710-5099

* * ALL FIELDS OF THIS FORM MUST BE COMPLETED AND SIGNED * *

Authorized Requestor:			
Company Name: Contact Name: Address:			
		Phone: Fax:	
		Email:	
Please ship replacement fax hardware to:			
Company Name:			
Contact Name:			
Address:			
Phone:			
Email:			
Fax Board Model:			
Fax Board Serial Number:			
This form needs to be completed and faxed to Advantage Technologies, can be shipped to a customer. By completing and signing this form the cumust be shipped to Advantage Technologies, Inc., 9 East 38 th Street, 4 Nother commercial courier. If the failed fax board is not returned to Advanta Days, Advantage Technologies, Inc. reserves the right to invoice the above current Advantage Technologies, Inc selling price in accordance with Advanced Replacement Support Plan; www.atechnologies.com/support .	ustomer understands and agrees that the failed fax board orth, New York, NY 10016; insured via FedEx, UPS or age Technologies, Inc. at the above location within 10 we named customer for the replacement board at the		
Signature:	Date:		
Office Use Only:			
Received On: Received By:			
☐ Approved ☐ Denied ☐ Pending ☐ Loane	er / Repair Only		
Replacement Board Shipped: □ Yes □ No			
Board Model:			
Replacement Board Serial Number:			
Technician Notes:			