



WARRANTY SERVICE REIMBURSEMENT FORM

Reseller Information:

Systemax Customer Number: _____

Company Name: _____

Company Street Address: _____

City / State / ZIP Code: _____

Company Contact: _____

Contact Telephone: _____

Contact Email Address: _____

Reimbursement Claim Detail:

Original Systemax Order Number: _____

PC Serial Number (located on back of PC): _____

Defective Part Return Authorization Number: _____

Systemax Case Number: _____

Brief Description of Problem Encountered: _____

I understand that by completing this form I am requesting reimbursement for warranty service performed by my company on behalf of Systemax. The statements contained above are accurate and true to the best of my knowledge. Reimbursement is available to qualified Systemax authorized resellers for repairs and/or replacements of defective Systemax PC/Server components by your company within the first year after invoice date. This reimbursement program is for internal components only. All external peripherals (monitor, keyboard, mouse, etc.) do not qualify for this program. All reimbursement payments will be made quarterly in the form of credit applied to my account. All reimbursement claims are subject to approval by Systemax. Systemax reserves the right to revoke reseller eligibility to participate in the Warranty Service Reimbursement Program at its discretion. See Systemax/Infotel Warranty Reimbursement Guidelines for additional terms and conditions. See Systemax/Infotel warranty for additional terms and conditions surrounding component coverage terms.

Print Name: _____ Title: _____

Authorized Signature: _____ Date: _____

Please fax this completed form to (800) 862-5533 or mail to: **Infotel Distributing**
6990 U.S. 36
Fletcher, OH 45326
ATTN: INFOTEL WARRANTY CLAIM

<u>For Internal Use Only:</u>	
Date Claim Received: _____	Reason Reimbursement Denied: _____
Account Manager: _____	_____
Claim RA Verified By: _____	_____
Reimbursement Approved: Yes ___ No ___	