



WARRANTY REIMBURSEMENT PROGRAM

This document outlines the requirements for the Infotel Reimbursement Program. This program is available to authorized resellers who are qualified to perform warranty repair service on Infotel personal computers.

The Warranty Reimbursement Guidelines are included and form a part of the conditions and agreement between Infotel and the reseller.

Authorized resellers who wish to participate must complete the following documents to be considered for this program:

1. Primary and Secondary Contact Information
2. Authorized Service Provider Profile Worksheet
3. Technician Contact Information (one required for each technician)
4. Certification Verification Form (one required for each technician)

Submit the completed forms to: Infotel Distributing
6990 U.S. 36
Fletcher, OH 45326
Attn: Warranty Reimbursement
Rick Wilt, Director of Services

Upon Infotel's approval for participation in this program, the reseller will use the following form for reimbursement to their account:

Warranty Service Reimbursement Form

The scope of authorized warranty service is described in the Warranty Reimbursement Guidelines and the Infotel Warranty documents available with the purchase of your personal computers.



Reimbursement will be applied in the form of credit to the reseller's account each month after claim is processed

Service reimbursement is only available within the first year after invoice date of PC/Server. Any claims submitted after one year will be rejected.

Service reimbursement will only be granted to claims that accompany a valid RA number that includes an advance replacement part for the PC/Server. This RA must be set up within the first year after invoice date of PC/Server. This serves as confirmation that it was necessary for the reseller to actually replace something in the unit.

Resellers are eligible for reimbursement of \$60.00 per incident – not to exceed 2% of their total Systemax/Ultra sales dollars for the previous month. Unused reimbursements will carry forward from previous months, up to 12 months within a rolling period.

If there is more than 1 PC/Server on the initial order and each of them require an RA for advance replacement, the reseller can complete 1 claim form for the RA as long as the advance replacements are all set up under the same RA number. The reseller will receive a reimbursement of \$60.00 per PC/Server as long as it does not exceed 2% of total Systemax/Ultra sales for the previous month. If the order requires more than 1 RA, the reseller will need to complete a separate claim for each RA issued.

Reimbursement will not be granted for situations that require the reseller to make a call into tech support for assistance but do not receive an RA for an advance replacement. This is also the case for situations where it is necessary for the reseller to go to the customer's site to reseat internal cards, or help with setup or installation.

Service reimbursement is limited to PCs/Servers only. Peripherals and accessories are not supported under this program as indicated in the Infotel warranty documents.

All claims will be processed on or around the 15th day of each month. Any claim received within the first 5 business days of the month will be processed on the 15th. Claims received after the 5th business day of the month will not be processed until the following month.

Resellers participating in this program are not an authorized agent of Infotel and are subject to the terms and conditions of these guidelines and the Infotel warranty documents.



CONTACT INFORMATION

Primary Contact Information:

Company Name: _____

Contact Name: _____

Title: (Please check all that apply): Technician CEO President Main Contact

Other Title: _____

Day (Office) Phone Number: _____

Cell Number (Optional): _____

Email Address: _____

Business Email Address: _____

Secondary Contact Information:

Company Name: _____

Contact Name: _____

Title: (Please check all that apply): Technician CEO President Main Contact

Other Title: _____

Day (Office) Phone Number: _____

Cell Number (Optional): _____

Email Address: _____

Business Email Address: _____



Authorized Service Provider Profile Worksheet

Company Name _____

Street _____ Phone No. _____

City _____ St _____ ZIP _____ Fax No. _____

Approximate Number of Employees: 1-5 __ 6-10 __ 11-20 __ Over 20 __

Number of Technicians _____ How many of them are A+ Certified? _____

How long has the above-mentioned company been in business? _____

E-mail Address: _____

Website _____

Federal Tax ID Number: _____

Check Skill Levels of Repair Technicians – (A) Familiar (B) Proficient (C) Certified							
(All that apply)	A	B	C	(All that apply)	A	B	C
1. Work Stations				12. Intelligent Hubs			
2. Personal Computers				13. PDA's			
3. Printers				14. PCMCIA Devices			
4. Storage Devices				15. Internet Access Service			
5. Monitors				16. Firewalls/Security			
6. CD ROMs				17. Terminal Emulation			
7. Scanners				18. Operating Systems			
8. Fax/Modem				19. Frame relay Equipment			
9. LANs				20. Modems			
10. Network Test/Diagnostics				21. Multiplexers			
11. NICs Spectrum Analyzer				22. Test Equipment			

Please print your name below and sign representing that all answers are accurate to the best of your knowledge:

Name: _____ Title: _____

Signature: _____ Date: _____



Technician Contact Information:

Company Name: _____

Technician's Name: _____

Day (Office) Phone Number: _____

Evening (Home) Phone Number: _____

Cell Number (Optional): _____

Email Address: _____

Business Email Address: _____

Note: Please fill out an individual form for each technician



Certification Verification Form

Please complete this form for every technician in your office that is going to perform warranty work for Infotel. *To be considered for this program you must have at least 3 certifications from the areas listed below.*

Company Name: _____

Technician's Name: _____

A+ _____ Cert# _____ Date Certified _____

IBM _____ Cert# _____ Date Certified _____

Compaq _____ Cert# _____ Date Certified _____

HP _____ Cert# _____ Date Certified _____

PB _____ Cert# _____ Date Certified _____

Apple _____ Cert# _____ Date Certified _____

CNE _____ Cert# _____ Date Certified _____

CAN _____ Cert# _____ Date Certified _____

MCSE _____ Cert# _____ Date Certified _____

MCP _____ Cert# _____ Date Certified _____

Other: _____

Other: _____

For each certificate, please put the Cert# on the appropriate line. If there is a certificate or other formal document(s) with no certification number, put an "X" on the line for that document. Copy all documents for each technician you have recorded within this matrix.