



# Extend Warranty

## SU# \_\_\_\_\_

Company: _____	Address _____	CF#: _____
Contact Name 1: _____	Contact Name 2: _____	PO#: _____
Title: _____	Title: _____	SO#: _____
Phone: _____	Phone: _____	
Mobile: _____	Mobile: _____	Extend Warranty _____
Fax: _____	Fax: _____	Require _____
Email: _____	Email: _____	Date/Time: _____
Memo: _____	Memo: _____	

NOTE: Please fill in all information, so we can check our product for good Extend Warranty .

INSTRUCTIONS: Fill out the required fields on the Extend Warranty Form. Send to InnoTiq via email or fax. InnoTiq will assign an CF# and send the completed form back to you. SU number you can find it from Order files.

### PRODUCT CONFIGURATION DESCRIPTION

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### EXTEND WARRANTY

No.	Item	Description			Engineer Comments
1	Extended warranty	<input type="checkbox"/> One year	<input type="checkbox"/> Two years	<input type="checkbox"/> Three years	
2					
3					
4					
5					
6					
7	SN				
8					

### OTHER COMMENTS

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