Agency:enter text. Division: enter text. Optional Agency Order #: enter text.

Billing Information:

Bill on Account Number: enter text.

Name: enter text.

Mailing Address: enter text.

Contact Telephone Number: enter text.

Shipping Information:

Agency Name enter text.

Attn: enter text.

Mailing Address enter text.

Wireless Number: enter text.

Old Equipment:

Device Manufacturer: enter text. Model enter text.

New Equipment:

Device Manufacturer: enter text. Model enter text. Net Price Quoted: enter text.

List separate, chargeable accessories to be shipped with device:

Description: enter text. Model or Part #: enter text. Net Price Quoted: enter text.

Description: enter text. Model or Part #: enter text. Net Price Quoted: enter text.

Description: enter text. Model or Part #: enter text. Net Price Quoted: enter text.

Comments: enter text.

Form submitted by authorized representative:

Name: enter text.

Contact Telephone Number: enter text.

Date: enter text.

Email this form to: David Holznecht at dh7970@att.com w/SOW – (Agency Name) in the subject line

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*FOR VENDOR USE\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

Equipment shipped by: Date:

ESN / IMEI #:

Charge for Equipment

Comments:

**VENDOR: Return a copy of this form w/the equipment, along with instructions for activation of the equipment.**