



# CUSTOMER EMEA Voice Technology Upgrade Program CLAIM FORM

## Voice Products

**This form should be completed by the Polycom partner organisation contact person.**

Please enter channel partner information here:

Sales Person: \_\_\_\_\_

Channel Partner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Channel Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Post Code: \_\_\_\_\_

Country \_\_\_\_\_

Email: \_\_\_\_\_

For Tier 2 Resellers – Please supply name of Polycom Tier 1 Channel Partner Name: \_\_\_\_\_

End-User Company Name: \_\_\_\_\_

End-User Contact Name: \_\_\_\_\_

End User Contact Job Title: \_\_\_\_\_

End-User Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Post Code: \_\_\_\_\_

Country \_\_\_\_\_

End-User Contact Phone: \_\_\_\_\_

End-User Contact E-mail: \_\_\_\_\_

**Product Purchased Under the Polycom Upgrade Program** (the following information is required)

Product name and model: \_\_\_\_\_ Quantity: \_\_\_\_\_

**Trade-In Equipment** (the following information is required)

Approved Trade-In Units:

Polycom model: \_\_\_\_\_ Quantity: \_\_\_\_\_

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Product Serial Number: \_\_\_\_\_ Product Serial Number: \_\_\_\_\_

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\* Serial numbers for trade in product must be included, please use separate sheets if required

**Trade-In RMA #**

Trade-In RMA#: \_\_\_\_\_

*RMA number will be given to the Channel Partner by Polycom Order Management when Trade-In purchase order is submitted. It is the Channel Partner's responsibility to communicate the RMA# to the end-user customer.*

Trade-In unit(s) must be received within 30 days of purchase. Shipping costs are the responsibility of the end user. RMA# must be clearly marked on the outside of the box.

End user must ship Trade-In unit(s) the address supplied by the Polycom Channel Partner.

*Note: This form must be completed and submitted to Polycom Order Management along with a new purchase order.*

*I have read and agree to the terms and conditions for the Polycom Voice Technology Upgrade Program.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Refer to the Polycom Upgrade Program overview for complete details and terms and conditions)*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Official use only:

Date Received \_\_\_\_\_ Approval \_\_\_\_\_