

156 E. Granada Blvd. Ormond Beach, FL 32176 Phone: 800-323-2690 Fax: 386-675-4621

## QUICKRAY REPAIR CREDIT CARD CHARGE AUTHORIZATION FORM

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. The use of this credit card information is for the sole purpose of this purchase from Denterprise Intl. Inc.

Denterprise will keep all information entered on this form strictly confidential.

## REPAIR POLICY TERMS AND CONDITIONS:

The purpose of this agreement is to authorize and approve the Repair Policy terms and conditions in place. Denterprise Intl. Inc. has no part in the determination of the repair status other than completing the initial evaluation and if recommended to .

NOTE: Factory Evaluations require the factory to dismantle the sensor which involves opening the housing.

1. Customer agrees to pay the required Bench Fee of \$200. The Bench fee covers the shipping to the factory and the factory evaluation to determine if repairable ONLY.

2. Customer authorizes Denterprise Intl. Inc. to automatically charge the repair fee if approved for repair by the factory. (In Warranty \$995/Out of Warranty \$1395)

3. Customer authorizes Denterprise Intl Inc to scrap/dispose of the sensor if rejected for repair. Otherwise, agrees to pay the Factory Return Fee of \$150.

Initial here

Select One: I agree to have the sensor scrapped if rejected by the factory.

*I authorize Denterprise Intl Inc to charge* \$150 for the Factory Return Fee if my sensor is rejected for repair.

Initial Here

NOTE: If the credit card is declined for any reason, the sensor will remain posession of Denterprise unti the Repair Fee has been paid in full.

By signing this authorization form, I agree to all terms and conditions of the Repair Policy, as stated above

CARDHOLDER'S NAME:	
BILLING ADDRESS:	
CARD NUMBER:	
EXPIRATION DATE:	<b>CVV/Pin#</b> 3 digits on back of Discover, MasterCard or Visa 4 Digits on the front of American Express
SIGNATURE	 DATE