

Spectralink DECT 1500 Upgrade Form

(This form must be included with Purchase Order)

Reseller Details

Reseller Name: _____

Contact Name: _____

End Customer Details

Company Name: _____

Contact Name: _____

Address: _____

Phone Number: _____

Spectralink DECT 1500 System ARI number:

(Note: should be similar to 1002 xxxx xxxx xxxx)

Reseller Declaration

I _____ hereby declare that
the Spectralink DECT 1500 referenced above will be
destroyed.

Signature _____ Date _____