



Fax or email to Convenience ATMs, Inc. 204 East South Street, Suite 6057 Orlando, FL 32801
 Phone: 1-877-624-ATMS Fax: 1-866-757-2132 Email: info@convenienceatms.com

Warranty Part Replacement Form

In order to expedite the shipment of the warranty part for your ATM you must follow the instructions below. It is very important to follow carefully in particular the instructions for swapping out and returning the old "bad" part back to the manufacturer. You will have a 30 day window in which to return the part otherwise you will be billed for the part.

The instructions below must be followed to ensure the part is returned in a timely manner and you are not billed for it:

- 1) Fill out and return this Warranty Replacement Form. Return it via fax or email. Upon receipt we can process the warranty exchange.
- 2) When the part arrives, note the date of its arrival (you have 30 days from this date to ship the old part back).
- 3) Unpack the part but keep ALL of the packaging since you will be sending the old part back in the same box.
- 4) Remove the return label from inside the box (a separate label should have been packed inside the box).
- 5) Replace the bad part from the machine with the new warranty part; then pack the bad part back in the original box.
- 6) Place the return label on the box covering up the initial shipping label.
- 7) Write with pen on the label the date the package will be dropped off for return shipment.
- 8) Copy the tracking number from the return label or take a photo of it along with the date the package is being dropped off for return.
- 9) Return the package to an authorized shipping outlet for the type of label you are using (UPS, FEDEX express, FEDEX Ground, etc)
- 10) *****VERY important to get a receipt ***** from the shipper, this is the only way you can prove you delivered the part within the 30 day time period and that the shippers took delivery of the package.
- 11) Follow up with an email to:

info@convenienceatms.com SUBJECT: Warranty Part
 basic description of part being shipped back (example: display screen, keypad etc) include the tracking number, photo of return label (optional), and shipper in the body of the email.

BILLING INFORMATION	
Cardholder Name:	
Address (used for Credit Card billing):	
City, State, and Zip Code:	
Email Address:	Phone:
PAYMENT METHOD	
Authorization: Customer agrees to pay for the cost of any warranty items/parts not returned within the return window specified. By signing this form you are agreeing to be personally responsible for payment of all charges associated with any unreturned items and are representing that all information that you provided is accurate. A copy or fax of this form with your signature is the same as the original.	
Select Payment Type: VISA ___ Mastercard ___ Discover ___ AMEX ___ ACH Electronic Payment ___ <small style="color: red;">**(If paying by ACH electronic payment a separate ACH electronic check form must accompany this activation form)</small>	
Credit Card Number:	
Expiration Date: /	Card Code (CVV Code on back):
Customer Signature:	Print Name:
	Date: