

Equipment Maintenance

Quote #: _____

Person Requesting Change _____ Date _____

Phone _____ Fax _____ E-Mail _____

<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Add	<input checked="" type="checkbox"/> Delete: Date: _____	<input checked="" type="checkbox"/> Quote
Item # on Quote: _____		<input type="checkbox"/> New Purchase	<input checked="" type="checkbox"/> Currently Used Equipment

Facility Key	C24696		
College Name	Auburn University		
Department Name			
Equipment Location	(Example: Building C, Room 304) -		
Effective Date			
Warranty Expiration Date			
Manufacturer Name			
Model Number		Serial Number:	
Equipment Description			
Purchase Price	\$	Contract Cost*:	\$

* - Attach copy of current maintenance contract and/or invoice.

Copier Usage	Monthly: _____	Annual: _____
Include Drums	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
Current Meter Reading		Overage Rate Per Copy: _____

Service Vendor Name			
Service Vendor Address			
Service Vendor Phone		Labor Rate \$	Travel Charge \$

HOME OFFICE USE ONLY

Type Code		Endorsement #:	
SU Annual Amt.	\$	PM Visits Per Year:	
Savings	\$		
Accepted By (please initial)		Account #:	SU Item #:
COMMENTS:			
EXCLUSIONS:			

You will receive confirmation of equipment additions upon approval of Specialty Underwriters. For additional **CUSTOMER SERVICE**, call:

Mai Truong at: 800-558-9910 ext. 2757 / Fax: 414-281-1111 / E-Mail: mtruong@su-group.com
 Specialty Underwriters LLC • 9667 South 20th Street • Oak Creek, WI 53154 • 800-558-9910 / 414-281-1100