# This form is designed for our Business Partners and Distributors to relay the pertinent information to our Sales Channel for submitting an OOP Claim. The OOP team will review claims submitted on this form to OOPSubmission@Avaya.com. The Avaya Account Manager must acknowledge that the request is justified.

# Please note that all OOP requests will incur a 15% restocking/administration fee as standard

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| ***Requestor Information*** | | | | | | | | | |
| Requestor’s Name | | |  | | | | | | |
| Email Address | | |  | | | | | | |
| Contact Number | | |  | | | | | | |
| ***Avaya Account Manager Contact Information*** | | | | | | | | | |
| Claim Contact Name | | |  | | | | | | |
| Email Address | | |  | | | | | | |
| Contact Number | | |  | | | | | | |
| ***Distributor Information*** | | | | | | | | | |
| Company Name | | |  | | | | | | |
| Link ID | | |  | | | | | | |
| Contact Name | | |  | | | | | | |
| Email Address | | |  | | | | | | |
| Contact Number | | |  | | | | | | |
| ***Dealer Information*** | | | | | | | | | |
| Company Name | | |  | | | | | | |
| Link ID | | |  | | | | | | |
| Contact Name | | |  | | | | | | |
| Email Address | | |  | | | | | | |
| Contact Number | | |  | | | | | | |
| ***End User Customer Information*** | | | | | | | | | |
| Company Name | | |  | | | | | | |
| US or Canadian State | | |  | | | | | | |
| Contact Name | | |  | | | | | | |
| Email Address | | |  | | | | | | |
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| ***Purchase Information (Copy of Avaya to distributor invoices must be submitted)*** | | | | | | | | | |
| Purchase Date | | | | | | | |  | |
| Install Date | | | | | | | |  | |
| Date issue Escalated to Distributor | | | | | | | |  | |
| Total Claim Amount **Before** SBA/Promotion agreement (distributor Invoice prices) | | | | | | | |  | |
| Total Claim Amount **After** SBA/Promotion agreement (SOR net value) | | | | | | | |  | |
| 15% Restocking Fee to be waived (yes or no) | | | | | | | |  | |
| Special Pricing Approval Number(s) | | | | | | | |  | |
| Avaya EC Quote Number(s) | | | | | | | |  | |
| Avaya invoice Number(s) | | | | | | | |  | |
| Distributor PO Number(s) on Avaya | | | | | | | |  | |
| Distributor Invoice Number(s) on Customer | | | | | | | |  | |
| ***Replacement Order Information (for software exchanges)*** | | | | | | | | | |
| Avaya EC Quote Number(s) | | | | |  | | | | |
| Avaya invoice Number(s) | | | | |  | | | | |
| Distributor PO Number(s) on Avaya | | | | |  | | | | |
| Distributor Invoice Number(s) on Customer | | | | |  | | | | |
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| ***Hardware Materials (indicate distributor invoice pricing)*** | | | | | | | | | |
| Material Code | Description | | | | | | | Quantity | Ext Price |
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| ***Software Materials (indicate distributor invoice pricing)*** | | | | | | | | | |
| Feature Key dongle/smart card number (IOC) | | | |  | | | | | |
| Switch SID number (CC/UC) | | | |  | | | | | |
| Switch Transaction number (CC/UC) | | | |  | | | | | |
| Switch Dial in (CC/UC) | | | |  | | | | | |
| Material Code | Description | | | | | | | Quantity | Ext Price |
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| ***Service Materials*** | | | | | | | | | |
| ***(indicate distributor invoice pricing) (Services are only claimed as part of a licence attached order)*** | | | | | | | | | |
| ***Service contract numbers*** | |  | | | | ***Technical case number*** | |  |  |
| Material Code | Description | | | | | | | Quantity | Ext Price |
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| ***Reason for Return Request*** | | | | | | | | | |
| Provide as much detail as possible including documentation. If requesting the restocking fee to be waived include this in the business case | | | | | | | | | |
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