# This form is designed for our Business Partners and Distributors to relay the pertinent information to our Sales Channel for submitting an OOP Claim to AvayaOOPRequests@scansource.com . The Avaya OOP Team will review claims submitted on this form. 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  | Scansource |
| Link ID | **369** |
| 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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