# 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](mailto: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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