APPLIED IMAGING

Servicing Dealer:	Applied Imaging	**Originating Dealer:**	
Address:		**Address:**	
City/State/Zip:		**City/State/Zip:**	
ITT Contact:	Amy TerMors	**ITT Contact:**	
Phone:	616-258-5822	**Phone:**	
	800-521-0983 (Call Center)		
Canon code:			

Delivery Information

Customer:
Address:
City/State/Zip: **Customer County:**
Onsite Delivery Contact:
Del Contact Phone/Email:
Networking Needed: ☐ Yes ☐ No *Please complete/decline & return the Applied Imaging form only*
IT Contact: **IT Contact Phone/Email:**
ID sticker: ☐ Servicing Dealer to send ☐ Applied Imaging
Does this delivery require going up or down stairs? ☐ Yes ☐ No **If yes, is there an elevator?** ☐ Yes ☐ No

Equipment Information

Quantity	Product #	Description	Location	Comp Fee
			Total Comp:	$0.00

Comp Paid By: ☐ Manufacturer ☐ Originating Dealer
Equipment Shipped From: ☐ Manufacturer ☐ Originating Dealer
PO# (pls include whatever # will print on the packing list):

Contract Information

Base: **Billing Cycle:**
BW Allowance: **Start Date:**
Color Allowance: **Bill Date:**
BW CPC: **Bill To:** ☐ Applied ☐ Originating Dealer
Color CPC: **Meters Collected By:** ☐ Applied ☐ Originating Dealer
Increase Percentage: **Meter Contact:**
11 x 17 Double Click: ☐ Yes ☐ No **Meter Contact Phone:**
Contract Includes: ☐ Parts ☐ Toner **Meter Contact Email:**
☐ Freight ☐ Staples **Bill To Address:**

Equipment pick up: ☐ Yes* ☐ No *If yes, please provide model & serial number below
Pick Up Information: ☐ Disposal ☐ Lease Return *storage fees apply if not retrieved within 30 days of POD*
Model & Serial Number:
Notes/Pick up Information:

I accept terms as stated (originating dealer) Printed Name Title Date

Applied Imaging Representative Signature Printed Name Title Date