

EXTENDED PRODUCT REPLACEMENT ACCEPTANCE / REJECTION FORM



Practice / Business Information	
Practice Name:	_____
Street Name:	_____
Phone Number:	_____
Fax Number:	_____
Email Address:	_____
Website Address:	_____

PLEASE FAX
A COPY TO
(602) 532-7526

Product Replacement Warranties Ordered

Software / Sensors	Check the Number of Product Replacement Warranties Ordered						Total
	None	1 Sensor	2 Sensors	3 Sensors	4 Sensors	5 Sensors	
#1 Size Sensor - \$549/Sensor							
#2 Size Sensor - \$749/Sensor							
Total Dollar Amount →							

By signing this Extended Product Replacement Acceptance/Rejection Form, I acknowledge that I had the opportunity to accept or reject the Extended Product Replacement Warranty at the time of my initial sensor(s) purchase. I also acknowledge that I have read and agree to the terms and conditions of the DentiMax Manufacturer Warranty as well as the Extended Product Replacement Warranty and Systems Requirements all of which can be viewed and accessed at <http://dentimax.com/imaging.html>

Signature: _____ Date: ___/___/_____