

DITITALITEK.

ADVANCED REPLACEMENT AGREEMENT

Between DIGITALITEK and

Company Name: _____
Company Street: _____
City: _____, State: _____ Zip Code: _____ Country: _____
Contact Person: _____ Email: _____
Phone: _____ Fax: _____

Item Number # _____
Product Serial # _____

I have requested an advance replacement for a failed product and I agree to return the failed product to DIGITALITK within 10 days from the date of the Invoice of the advance replacement product. I understand this replacement is being provided as a service and any fees charged for this advance replacement are non-refundable. I also understand that there may be additional fees to repair the defective product being replaced. I understand that I have given consent to allow DIGITALITK to place an "authorization" on credit card that I have provided. In the event I fail to return the defective product to DIGITALITEK, within 10 days from the date of the Invoice , I hereby agree to immediately purchase the advance replacement product and allow DIGITALITEK to change the "authorization" into a "charge" on credit card.

In witness whereof, the parties hereto have executed this agreement or have caused this agreement to be duly executed on their behalf, as of the date first written below.

Customer
(address above)

DIGITALITEK
6320 Brookside Plaza Suite 231
Kansas City, Mo 64113

Authorized Signature

Authorized Signature

Name: _____ Name: _____

(Email to ara@digitalitek.com)