

## Extended Product Replacement **Acceptance/Rejection Form**

Practice/Business Information
Practice Name: _____
Street Address: _____
Phone Number: _____
Fax Number: _____
E-mail: _____
Web Address: _____



PLEASE FAX SIGNED COPY TO

**(480) 924-1974**

### *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 – \$499/sensor							
#2 Size Sensor – \$699/sensor							
							<b>Total Dollar Amount</b> →

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: \_\_\_\_\_