

Please return w	vhen completed to bwashington@newwavetech	.com or fax to 301-624-5308 Attention: Becky Washington
Warranty Advantage Program Enrollment Form		
Reseller Information		
Company Name:		
Company Name.		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Contact:	Email:	
	Warranty Advantage Securit	
Please check	the appropriate security levels for your employ	ee. Detailed level descriptions listed below
Name:	Renewal/Contract Notices:	Quarterly Reporting: Full Dashboard Reporting:
Phone:	E-Mail:	
Name:	Renewal/Contract Notices:	Quarterly Reporting: Full Dashboard Reporting:
Phone:	E-Mail:	
Name:	Renewal/Contract Notices:	Quarterly Reporting: Full Dashboard Reporting:
Phone:	E-Mail:	
Name:	Renewal/Contract Notices:	Quarterly Reporting: Full Dashboard Reporting:
Phone:	E-Mail:	
	Security Level D	etails
Renewal/Contracts Notices - Person/s identified will receive individual renewal notices (60 day in advance and 30 day reminders) along with completed contract documentation.		
Quarterly Reporting - Person/s identified will receive NewWave delivered quarterly reports showing, Summary of Contracts expiring in the quarter, along with Attachment and Renewal summary reports for the previous quarter.		
	 Person/s identified will have full access to all reporting full access to all reporting full access to all reporting to the authorizities area contain proprietary to the authoris area contain proprietary to the authoris area contain propri	contract information, and great care and consideration should be given prior
NewWave recommends that a Owner or Senior level Manager provides the necessary authorization, if you should have any questions please contact your NewWave Representative .		
Authorization		
Printed Name: Signature:		
Position:	Date:	
NewWave service management tools provide comprehensive proprietary information on your service contracts and by authorizing the individuals identified above you		
release NewWave of any responsibility for the use of this information by your employee's.		