



**EXTENDED MANUFACTURER'S LIMITED WARRANTY AGREEMENT ORDER FORM FOR IN-WARRANTY UNITS**

To help protect your investment, in addition to the manufacturer's limited standard warranty provided with your unit, we offer an optional extended limited warranty direct from Brother. This Extended Manufacturer's limited warranty Agreement (EMA) is the only agreement available for your Brother product that is provided directly from the manufacturer. This service is available for models listed below which have been purchased and located within the contiguous United States. It includes coverage for parts and labor, and a Priority Service phone number. EMA must be purchased **before** expiration of limited standard warranty. Please fill-in the information below completely and accurately so we may process your order in an efficient manner.

**Exchange Service:** *A factory refurbished unit is shipped next business day to replace your malfunctioning unit.*

SCANNER MODELS	EXCHANGE SERVICE PRICING				
	1-YEAR EXTENSION	2-YEAR EXTENSION			
DS-640, 740D, 820W, 940DW	\$24.99	\$37.49			
ADS-1000W, 1200, 1250W, 1700W, 2200, 2400N	\$62.49	\$74.99			
ADS-2700W, 2800W, 3000N	\$99.99	\$112.49			
ADS-3600W	\$137.49	\$162.49			
PDS-5000, 5000F, 6000					
* SERVICE EXTENSION CONTRACTS BEGIN IMMEDIATELY FOLLOWING EXPIRATION OF YOUR MANUFACTURER'S LIMITED WARRANTY. * IF YOUR MODEL IS NOT LISTED, PLEASE CALL US AT THE NUMBER LISTED BELOW TO CHECK FOR AVAILABILITY. * CONSUMABLES AND ACCESSORY ITEMS THAT EXPIRED IN ACCORDANCE WITH A RATED LIFE AND NORMAL PERIODIC MAINTENANCE ITEMS ARE NOT COVERED. * IF ALL REQUESTED INFORMATION IS NOT PROVIDED, WE WILL BE UNABLE TO PROCESS YOUR ORDER. * UNIT MUST BE IN WORKING ORDER PRIOR TO PURCHASE. * A COPY OF YOUR SALES RECEIPT MAY BE REQUIRED TO VERIFY THE WARRANTY PERIOD.	EMA RATE FROM CHART	\$ _____			
	Must add applicable state sales tax. <i>(Please include sales tax exemption certificate if claiming tax-exempt status.)</i>	TAX \$ _____			
	<b>METHOD OF PAYMENT:</b> <input type="checkbox"/> Purchase Order (Terms: NET 30) <input type="checkbox"/> Credit Card Type: _____ (VISA, MASTERCARD, DISCOVER, AMEX) Credit Card #: _____ Exp. Date (MM/YY): _____ CVV: _____ Card Holder: _____	TOTAL\$ _____			
CONTACT NAME _____ COMPANY NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ MODEL _____ SERIAL NUMBER _____ DATE OF PURCHASE ____ / ____ / ____ DAYTIME PHONE (____) - ____ - ____ FAX (____) - ____ - ____ E-MAIL ADDRESS (for order confirmation) _____					
<p style="text-align: center;"><b>TO ORDER:</b></p> <table style="width: 100%;"> <tr> <td style="width: 40%;">           MAIL EMA ORDER FORM AND SALES RECEIPT TO:  <b>BROTHER INTERNATIONAL CORP.</b>            ATTN: EMA DEPT.            P.O. BOX 6911            BRIDGEWATER, NJ 08807-0911         </td> <td style="width: 20%; text-align: center; vertical-align: middle;"> <b>OR</b> </td> <td style="width: 40%; text-align: right;">           CALL:  <b>908-655-9992</b> </td> </tr> </table>			MAIL EMA ORDER FORM AND SALES RECEIPT TO: <b>BROTHER INTERNATIONAL CORP.</b> ATTN: EMA DEPT. P.O. BOX 6911 BRIDGEWATER, NJ 08807-0911	<b>OR</b>	CALL: <b>908-655-9992</b>
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