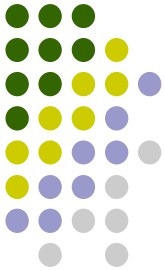


GPOS LTD
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Auckland 1024
New Zealand
www.gpos.co.nz
info@gpos.co.nz

Phone: +64 9 6388288



Section A: GPOS Return Form

Company Information

Company Name _____

Trading Name _____

Address _____

Phone No _____ Mobil No: _____

Contact Name _____ Date: _____

E-mail _____

Return For : Warranty

Stop Contract

Contract Or Invoice NO: _____

Section B: Return Item Detail

GPOS Equipment	Serial NO	Return Reason
Contract Remain	Months	Monthly Pay: \$
Total Balance To Pay	\$	

*I/We authorize GPOS Ltd Direct Debit from Our Account I/We the agreement for the GPOS Account hereby declare that the information given in this form is true and correct (Section A and B). Also I/We authorize GPOS Ltd to use the information for the purposes of supplying hosting and or services, enforcing debts and other legal obligations owing to GPOS.

Customer Signature: _____ GPOS Staff Name: _____

GPOS Office Use:

*Repair Or Job No: _____ Credit Inv NO: _____

Sacn: Upload: