



SCENAR Pro Plus and Pro device
UPGRADE FORM

| | | | | | | |
|--|------------------------------|-------------------------------|-----------------|-----------|------------|--|
| Name: | | | | | | |
| Address: | | | | | | |
| City: | | State: | | Post code | | |
| Email: | | | | Tel | | |
| Device model: | <input type="checkbox"/> Pro | <input type="checkbox"/> Pro+ | Serial Number: | | | |
| Approx. date of purchase: | | | Purchased from: | | | |
| Device was sent via Platinum Post tracking number: | | | | On date | ___/___/11 | |
| Return Platinum Post satchel tracking number: | | | | | | |

Device usage - approx. hours per month _____
Any problems/faults, functions you would like us to check?

PAYMENT

| | | | | | | |
|---|--|-------------------------|----------|---------|-----|--|
| Credit card: | <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA | CC Number: | | | | |
| Name: | | | Exp date | ___/___ | CCV | |
| Billing Address if different from the above | | | | | | |
| Total: | <input type="checkbox"/> \$50.00 <input type="checkbox"/> \$100.00 | STAA membership number: | | | | |

For office use only

| | | |
|------------------------|----------------------|---------------------------|
| Received on ___/___/11 | Condition _____ | Leather case incl. Yes/No |
| Firmware version _____ | Sent back on ___/___ | |
| Invoice Number: _____ | | |