

NCOA
Authorized Dealer or Customer Direct
Request For Service

Name _____

Address _____

Phone _____

Fax _____

Email: _____

NCOA, Inc
PO Box 273566
Boca Raton, FL 33427

Email: customer.service@joinncoa.net
FAX: 561 470 1399

Dear NCOA Member,

We regret learning that you have incurred a damage or theft of your cellular phone. So that we may submit your request for repair/replacement to the Association for processing, it is necessary for you to complete this form and return with the requested information.

Copy of NCOA membership application or member number _____

Or Cell Phone # _____

Date Stolen/Damaged/Other _____

Date of purchase, name and phone# of dealer from whom purchased _____

INCLUDE THE FOLLOWING:

1. Carrier (company to whom you pay monthly bill) _____
2. Police Report for items ***stolen or lost***
(Please provide Police Case number, name of police dept and non-emergency phone number)
3. Repair bill to your automobile, if damaged, i.e. showing window/door replacement
4. State a brief description of how your cellular phone was stolen/damaged/other:

IMPORTANT: Your request will not be considered for settlement until all of the above information has been received. NCOA arranges replacement with member dealers. If you replace prior to approval you will be responsible for excess costs.

Read before signing statement:

I understand and agree that if, in making this request, I intentionally conceal or misrepresent any material fact concerning this loss, the entire request is void. I understand and agree that the furnishing or preparation of this request is not a waiver of any of rights. I have done nothing to violate the conditions of the membership and, to the best of my knowledge, this did not result from, nor was it caused by, any fraudulent act by me or by any other person or thing under my direction of control. Fraud will be prosecuted to the fullest extent of the law, including possible arrest and recovery. The information contained herein and any other that may be furnished in connection with this request is true and correct. I further affirm that this loss is not being reimbursed by any other source.

Signature of Member _____ Date _____