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| Waters Equipment Ownership & Address Change Form |
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| Please email or fax form to:**Attn:** Technical Service Department**Email:**MS\_Service@waters.com **Fax:**508-482-8890 | Waters Authorized PersonnelTicket Number:            Service Engineer Code:            Waters Contact Name:            Cost Center:             |
|  |
| Equipment cHANGE rEQUEST |
| Select Requested Changes:(check all that apply) | Equipment Ownership (Company name change - PO needed for new service contract) |
| Equipment Address (Same Company name - PO not needed) |
| Equipment currently on a service contract **Contract #**            |

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|  PLEASE INDICATE ALL MODEL AND SERIAL NUMBERS OF INSTRUMENTS* **Software licenses are not transferable**. Appropriate licenses must be purchased directly from Waters.
* Please provide a spreadsheet or other attachment if serial numbers exceed 10
 |
| **Model** **&** **Serial** **Numbers** | **Model Numbers:** | **Serial Numbers:** | **System/Lab Name:** |  | **Model Numbers (cont’d):** | **Serial Numbers** **(cont’d):** | **System/Lab Name (cont’d):** |
|            |       |       |       |       |       |
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| **NEW SHIPPING & BILLING ADDRESS** |
| New Shipping Address | Company Name:       |
| Lab/Department:      |
| Street Address:       |
| City:       | State:       | Zip:       |
| Contact Person:       |
| Email Address:       |
| Phone Number:       | Company Website:       |
| New Billing Address | Check if Billing address is the same as the shipping address |
| Company Name:       |
| Street Address:       |
| City:       | State:       | Zip:       |

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| Service contract Relocation |
| If Waters is to transfer an existing service contract to the new location within the same company, customer signature below authorizes Waters to end the contract at the original location, and apply those monies to cover the remainder of the contract at the new location. \*\*\*This does not cover any new applicable taxes that may be due as part of this change. As required by law, taxes if applicable will be invoiced to the customer. |

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| AUTHORIZED COMPANY OFFICIAL SIGNATURE |
| Name:        | Title:        |
| Signature:        | Date:        |