



Onsite Service Agreement Request Form

Control #: _____ (Leave Blank)
(US Only)

Table with 2 columns: Bill To, End User. Rows include Company, Street, City, State, Zip, Country, Tel, Fax, Contact.

Table with 5 columns: Library or Tape Drive Model, Serial Number (last 7 digits), Type of Service (5x9, 7x24), Install / Service Request Date, Price (to be quoted by Qualstar).

Attaching Host Machine Type/Model: _____

Operating System: _____ Version: _____

Agreed to:

By: _____
(Authorized Signature)

Name: _____ Date: _____
(Type or Print)

Fax to: (818) 706-1196, or mail to:

Qualstar Corporation
130 West Cochran Street, Suite C
Simi Valley, CA 93065
Attn: Order Processing