

Use this form to convey new or updated information to the UNC Lewan/Xerox Customer Care Team. *Please save this form using a unique file name, then email to Misty Weatherford and Lety Shephard [Misty.Weatherford@xerox.com](mailto:Misty.Weatherford@xerox.com); [Lety.rivera@xerox.com](mailto:Lety.rivera@xerox.com)*

1. Is the information provided here for an existing or new Xerox device?      NEW      EXISTING
  
2. Device Model:
3. Serial Number:
4. FOAP:
5. Contract Number:  
*(This information for devices currently being invoiced is found on the invoice. If this device is being mistakenly invoiced with "other" devices, the contract number may need to be revised.)*
6. Is this unit to be invoiced with other Xerox devices?      YES      NO
  - a. If yes, please list the model and serial numbers for other devices to be invoiced collectively.  
These units will be paid for using the same FOAP.
  
  - b. If no, what are the machines that should be "unpaired" with this device contract?
  
7. DEPARTMENT: UNIV/OF NORTHERN COLO-
8. Physical location of this unit:  
*Department listed above*
  - a. BUILDING:
  - b. STREET ADDRESS:  
Greeley, CO 80639
9. BILL TO and SHIP SUPPLIES TO: *Department list above*
  - a. CAMPUS MAILBOX  
501 20<sup>TH</sup> Street; Greeley, CO 80639
10. Point of Contact (POC) Grant access      Remove access
  - a. NAME
  - b. PHONE
  - c. EMAIL
    - i. Should this POC of have access to the self-help portal for payments, requests of service and supplies?      YES      NO

Please grant, or remove, access to the Self-Help Portal as specified

Once this information is received, and processed, by Lewan/Xerox, you will receive an email of confirmation.

Do you prefer, or require, a phone call with Misty or Lety, to discuss this matter, in addition to the email confirmation?      YES      NO

What day of the week and time works best for contacting you?

Submitted & Approved by:

