

## Notice of Dispute Equipment Maintenance Plan

We are committed to resolving our customers' disputes in a fair and efficient manner. If you are unsatisfied with the resolution presented by a customer service representative for a problem, you may notify us of your dispute by sending this form to the address listed below..

**Please complete this form in its entirety (printing legibly). Retain a copy for your records and send the completed form by certified U.S. mail to: PO BOX 110656, Nashville, TN 37222, Attn: Legal Department/Customer Arbitration.**

A representative will respond within 30 days of receiving this form. If the dispute is not resolved to your satisfaction, you may begin arbitration by submitting a Demand for Arbitration to the American Arbitration Association. We provide a Demand for Arbitration Form on our website at [www.phoneclaim.com/atopportunities](http://www.phoneclaim.com/atopportunities).

\_\_\_\_\_  
Name of Account Holder

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Mobile phone number

\_\_\_\_\_  
Additional number where you can be reached during business hours

\_\_\_\_\_  
Name of authorized representative of account holder

\_\_\_\_\_  
Relationship

Your email address: \_\_\_\_\_

Your fax number: \_\_\_\_\_

Your billing address: \_\_\_\_\_  
\_\_\_\_\_

If you are an authorized representative of the account holder, please print your name, your relationship to the account holder, your address, and a phone number at which you may best be reached during business hours.

**Please briefly describe the nature of your dispute and attach any supporting documents that you wish. If necessary, please use the reverse side.**

**Please briefly describe the relief that you would like from us.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date