



Equipment Maintenance Program

Add / Delete / Change Form

Submission Date _____ Effective Date _____
Requested By _____

- Add (please provide quote number if previously quoted) _____
 Delete Item _____ Reason _____
 Change Item _____ Reason _____

Lab Name _____ Lab Number _____
Lab Contact _____

Site Name _____ Site Number _____
Department/Cost Center _____ Location _____

Equipment Manufacturer _____ Model _____
Replacement Value _____ Serial Number _____
Equipment Description _____

Contract Vendor _____ Contract/Invoice Number _____
Contract/Invoice Price _____ Contract/Warranty Expiration _____
Warranty Expiration _____

Note: A copy of the contractor Vendor Quote is Mandatory on all Commonwealth Quotes.

Note: If a contract is not provided, equipment will be priced using National Averages and/or similar equipment pricing (policy provisions and endorsements prevail).

Additional Copier Information

Usage/Allotment _____ Monthly Annually
Surcharge Rate _____ Current Meter Reading _____
 Drum Coverage Additional Services/Toner & Developer

Please Send To:

Angel De Fina
9667 South 20th Street
Oak Creek, WI 53154
Fax: (414) 281-1111

[Email: adefina@su-group.com](mailto:adefina@su-group.com)

Please Attach Comments and/or Required Documentation:

SU Group LLC

9667 South 20th Street, Oak Creek, Wisconsin 53154 • Phone: 414-281-1100 • Fax: 414-281-1111

Email: sales@su-group.com • Web: www.su-group.com