

[Demo] NLP Dataset for Customer Service Automation

Company Type	Telecommunications Equipment Manufacturers
Inquiry Category	Return and exchange policies clarification
Inquiry Sub-Category	Product Eligibility
Description	Inquiries regarding which specific products are eligible for return or exchange under the manufacturer's policies.
Data Size	5,097 paraphrases
Want to buy data?	Please contact nlp-data@gross.me via your business email address.

Masked sample paraphrases of one "Telecommunications Equipment Manufacturer" customer inquiry. (Purchased data will not be masked.)

Please ____ detailed ____ telecommunications ____ your organization's ____ policy eligibility.

If you want ____ you ____ to ____ me details of ____ policy.

Please ____ Devices are eligible to replace ____ policies

I ____ to know which telecom ____ qualify ____.

Please ____ me ____ Telecommunications Devices ____ eligible ____ organization's refunded policy ____.

Please ____ telecommunications ____ to be replaced

Do ____ have ____ on which telecom devices will ____ for ____?

____ to give ____ details ____ policy if you want a replacement ____.

Can ____ tell ____ which ____ get refunds or ____?

If you ____ a replacement for ____ equipment you ____ policy.

If ____ replace ____ equipment, you ____ me details of ____ policy.

The information ____ is needed.

In order ____ get a ____ the ____ equipment, you need to ____.

Specific ____ eligible telecom ____ for ____ replacements.

____ should give ____ if you want ____ replacement for the telecom ____.

Information about ____ can meet organization's eligibility for ____.

____ us ____ the telecom ____ is suitable ____ replacement because ____ the ____.

____ the ____ of your ____ if ____ want ____ replacement ____ the ____ equipment.

You ____ me details of ____ you ____ replacement for ____ equipment

____ wondering if ____ can ____ the devices that conform to your organization's ____.

Provide ____ information on ____ telecommunications devices ____ refunds ____.

Which ____ gadgets are eligible ____?

____ a ____ telecommunications ____ you should detail ____ according to the policy.

____ is ____ on ____ of ____ meet the organization's criteria for ____ and ____.

Tell ____ about your company's ____ on ____ for telecommunications ____.

I would ____ which telecom ____ qualify ____ refund/replacement scheme.

Provide ____ which telecommunications equipment ____ a ____ or ____.

____ you want ____ replace the ____ equipment, you should ____ policy.

____ eligible telecom devices for refunds ____ is ____.

Please ____ us ____ telecommunication ____ that ____ criteria for reimbursement ____.

_____ Devices are eligible _____ a _____ or Replacement policy.

_____ which telecom _____ with _____ guidelines.

_____ us _____ refund/replacement eligible telecommunication _____.

_____ you want a replacement _____ give _____ of your policy

_____ needs to _____ on _____ telecom _____ for refunds.

_____ give _____ details _____ if you _____ a replacement _____ the _____ equipment

_____ about _____ are eligible _____ a refund or _____ policy.

Provide _____ which _____ qualifies for refunds or _____.

Can _____ me which telecom devices _____ eligible _____?

_____ can _____ me _____ of your policy _____ you _____ a replacement _____ the _____.

Please _____ what Telecommunications _____ are eligible _____ be _____ policy eligibility.

Give _____ details of your _____ want a _____ for the _____.

Provide detailed information _____ products for _____ organization's _____?

_____ Telecommunications _____ eligible to replace for _____ policy eligibility.

According _____ the _____ for the telecommunications _____ you should _____ about _____ eligibility.

Please describe _____ eligible to replace in _____.

Provides _____ about _____ devices _____ meet eligibility _____ a refunds _____.

Provide _____ about the _____ equipment _____ is eligible _____ replacements.

_____ about _____ telecommunications _____ meet _____ refunds or replacements.

Information about _____ can _____ for refunds _____ replacements.

_____ replacement scenario requires detailed information on _____.

Inform your organization _____ eligible telecommunications _____ in line _____?

_____ me more information on the _____ that _____ eligible for the _____?

Can _____ give _____ more information _____ telecom _____ qualify _____ refund/replacement scheme?

If you _____ a replacement _____ the _____ you _____ provide information about _____.

_____ you give _____ telecom devices are eligible _____ refunds?

Provide _____ information _____ the _____ equipment that _____ replacement.

_____ a _____ on _____ telecom devices _____ refunds.

_____ Telecommunications Devices _____ eligible _____ replacement.

_____ about which telecommunications equipment qualifies _____ or _____.

_____ let me _____ what _____ are _____ to replace _____ organization's eligibility.

_____ information _____ types _____ are _____ for refunds and replacements.

_____ about _____ criteria for _____ under _____ refunds/replacements plan related to _____

Can _____ me more _____ about _____ telecom _____ qualify _____ the replacement _____?

If _____ want _____ replacement _____ equipment, please _____ details of _____ policy.

_____ the _____ about the _____ tools.

_____ me more information _____ which telecom _____ for _____ replacement scheme?

If you want a replacement _____ telecommunications _____ need _____ provide details _____.

Information regarding _____ telecommunications equipment _____ a replacement or refund _____.

_____ information about _____ telecommunications _____ can meet organization's eligibility _____ a _____.

Can _____ me if _____ telecom devices _____ for _____ replacements?

Can _____ tell us _____ bit _____ eligible _____ refunds?

_____ about _____ telecom products _____ the replacement scheme.

_____ types of telephones that meet the criteria for _____.

_____ a _____ for telecommunications equipment, you _____ provide information _____ its _____ according _____.

_____ wondering _____ can _____ me information _____ what _____ are eligible for the _____ replacement _____.

Detailed _____ telecommunications _____ meet _____ refunds or replacements is _____.

_____ give _____ details _____ your policy if you _____ a replacement for _____.

_____ you please _____ me which telecom _____ qualify _____?

I _____ wondering if _____ give me the _____ of _____ policy _____ your _____.

_____ you tell _____ the telecom devices _____ will _____ for the _____ ?
 I'd like _____ telecom devices _____ eligible for your _____.
 _____ the telecom _____ which _____ appropriate for a _____.
 Information _____ which telecommunications devices _____ organization's eligibility _____ refunds _____.
 _____ what Telecommunications _____ are eligible to replace.
 _____ know _____ gadgets _____ your policy for refunds.
 _____ the _____ of telephones which _____ criteria _____ refunds and _____.
 _____ on _____ of telephones _____ the organization's _____ for refunds.
 _____ should give more _____ about _____ policy _____ area of _____ you want a replacement _____.
 Tell _____ information about _____ equipment _____ for a _____ or refund.
 _____ me which telephony _____ eligible _____ the refund/replacement agreement?
 _____ know the details _____ your replacement _____ telecom devices.
 _____ on _____ telecom _____ for _____ or replacements _____ needed.
 _____ us _____ you _____ a policy on _____ or replacements _____ telecommunications _____.
 _____ on _____ qualify for refunds or replacements _____ be _____.
 You should _____ more _____ your _____ you want _____ replacement for _____ telecommunications _____.
 _____ about your organization's _____ for _____ plan related to _____ equipment _____ needed.
 If you _____ a _____ should provide _____ about _____ eligibility _____ to the policy.
 _____ which telecommunications devices _____ meet _____ eligibility for _____ can _____ provided.
 Please provide _____ refund/replacement-eligible telecommunication _____.
 I'm wondering if you can _____ me _____ to _____ organization's policy for _____.
 You must _____ information _____ the telecommunications _____ for a _____.
 Detailed information about _____ eligibility _____ a refunds _____ can be provided.
 Please tell _____ the _____ equipment that _____ suitable for _____.
 Tell us _____ eligible telecommunication tools.
 _____ on _____ types _____ that _____ organization's criteria _____ refunds and _____.
 _____ details about _____ telecommunications _____ can meet _____ organization's _____ for _____ policy.
 Please tell _____ Telecommunications _____ are _____ replace _____ our policy _____.
 I _____ know what devices adhere to _____ policy _____ and _____.
 _____ would like to _____ your replacement _____ for _____ devices.
 _____ must give me _____ if you _____ a _____ the telecommunications equipment.
 _____ the refund/replacement-eligible telecommunication _____ needed.
 _____ information _____ which telecommunications devices _____ for _____ replacements can _____ provided.
 _____ about _____ telecommunications _____ can meet eligibility for _____ or _____ provided.
 Information about _____ eligibility _____ the replacement _____ should be _____.
 If you want _____ for the _____ equipment, _____ need to _____.
 Information _____ telecommunications devices _____ for refunds _____ is needed.
 _____ about _____ telecommunications _____ is eligible for _____ or _____ can _____.
 _____ possible to _____ me information _____ telecom _____ eligible for refunds or _____ ?
 _____ provide complete _____ about your _____ on _____ and replacements for _____.
 Please _____ Telecommunications Devices are eligible _____ for _____ organization's _____ policy.
 _____ about which _____ equipment _____ eligibility _____ replacements is required.
 Send _____ qualified telephone _____ reimbursement.
 _____ about _____ meet the organization's _____ for a _____ policy.
 Information about _____ equipment _____ for _____ refunds _____ replacements is _____.
 _____ your _____ program eligibility, _____ describe what _____ are _____ to _____.
 _____ telephone gear _____ on the reimbursement terms.
 Provide _____ necessary _____ for the _____.
 We _____ to _____ about the _____ telecommunication tools.
 _____ about which telecommunications devices can _____ a _____ policy.

Provide _____ telecommunication _____ meet the _____ reimbursement and replacement.

_____ about _____ that _____ a _____ or refunds should be provided.

Can you _____ telecom _____ eligible for refunds _____ replacements?

I'd _____ to know _____ for the _____ scheme.

Information on _____ is required.

_____ about the _____ that qualifies for a _____.

Can _____ me _____ eligible for the _____ refund policy?

_____ Telecommunications Devices _____ eligible _____ be replaced

_____ would like _____ know which _____ refunds and replacements.

_____ telecom _____ your policy for _____?

_____ about _____ telecommunications _____ are eligible _____ a _____ replacements is required.

_____ policy _____ replacement _____ the _____ you _____ provide details about the eligibility.

_____ how the _____ for refunds or replacements.

If _____ want _____ replacement for _____ telecommunications _____ should provide more _____ the _____.

_____ details of eligible telecommunications _____ in _____ your organization's _____?

Provide detailed information about the _____ that _____ a _____ or _____.

Can _____ tell me _____ devices will be _____ a _____?

You can provide _____ the _____ that qualifies _____ replacement.

I _____ to _____ which _____ devices are _____ for _____ or _____.

Information _____ telecommunications devices _____ eligibility _____ a _____ is required.

_____ devices qualify for _____ or replacements _____ be provided.

I want to _____ which _____ devices are eligible _____.

_____ me about the _____ are _____ in the refund/replacement _____.

_____ tell _____ how _____ telecommunications _____ qualify _____ refunds or _____.

_____ am _____ if you _____ give _____ details _____ devices that _____ for the organization's _____ policy.

Provide us _____ of _____ telecommunication devices that meet _____ criteria for _____.

_____ you tell _____ what _____ devices _____ be _____ a replace?

Provide _____ about which telecommunications _____ the _____ eligibility _____ refunds.

_____ describe _____ Telecommunications _____ that are eligible _____ replaced for _____ Refunds _____ Policy.

_____ me _____ information about _____ devices are eligible for _____ scheme?

If _____ replacement _____ the _____ please give me _____ your policy.

Information about _____ telecommunications _____ qualify for refunds _____ should _____.

Do _____ have a _____ of _____ telecom _____ refunds?

You _____ give _____ of your _____ if you want a _____ equipment.

Do you have _____ the telecom _____ refund/replacement scheme?

Provide _____ refund/replacement eligible _____ tools.

What _____ eligible _____ be _____ for _____ organization's _____ policy eligibility?

For your _____ eligibility, _____ us what Telecommunications _____ are _____ replace.

_____ the types _____ that meet _____ criteria _____ refunds _____ replacements.

The details of _____ should _____.

_____ Telecommunications Devices _____ to be replaced _____ organization's _____ policy?

_____ you want _____ for the _____ you _____ give the _____ details.

Which _____ devices _____ for _____ or _____?

_____ a _____ for telecommunications equipment, you _____ information about the policy.

_____ about the _____ equipment _____ is _____ for _____ replacement _____ be _____.

Please inform _____ of _____ telecom equipment which _____ replacement.

I _____ telecom devices _____ for _____ replacements according to your _____.

If _____ a _____ for _____ you _____ to provide details about its _____.

_____ how/which _____ qualify for _____ or _____ is required.

_____ regarding _____ telecommunications devices _____ for _____ or replacements should _____ provided _____.

_____ you _____ to get a replacement for _____ equipment, _____ the _____ details.
_____ need to know what _____ eligible to _____.
_____ details about _____ telecommunications devices _____ eligible for _____.
Please _____ know _____ the _____ devices meet _____ for _____ and replacement.
_____ your organization's _____ or _____ Policy, please _____ what Telecommunications _____ be replaced.
Information _____ that meet organization's criteria _____ and replacements
Please _____ what Telecommunications Devices _____ eligible _____ replace _____ policy.
_____ let _____ know which _____ criteria _____ qualify for reimbursement.
_____ want a _____ for your _____ equipment, _____ give _____ the details _____ your _____.
Information about the _____ that meet _____ organization's _____ refunds and _____.
Information _____ can meet eligibility for _____ refunds or replacements _____.
_____ your _____ has a reimbursement _____ replacement policy _____ telecommunication devices.
_____ detailed information about _____ devices are _____ for _____ policies.
_____ replacement _____ requires detailed information regarding _____ products.
Information about _____ telecommunications _____ be shared _____ in the replacement _____.
_____ on eligible _____ devices for _____ replacements is _____.
If _____ want to replace the _____ you should _____.
Please _____ Telecommunications _____ are eligible to _____ for _____ organization's refunds _____ replacement _____.
_____ products included in _____ scheme should be _____.
Information _____ telecommunications devices _____ eligibility _____ a _____ or replacement _____ can be _____.
_____ telecommunications _____ meet the organization's eligibility for _____ refunds policy
Let _____ know _____ eligible to replace.
_____ us if _____ equipment _____ appropriate for _____ replacement.
I'm _____ if _____ give _____ information on _____ are eligible for _____ replacement _____.
_____ about _____ equipment _____ can be used for _____ or replacement should _____.
Provide _____ about which telecommunications _____ meets _____ a refunds _____.
_____ which _____ devices meet _____ policies for _____ and replacements?
Can _____ tell _____ and replacements according to your policy?
Provide _____ information _____ the refund/replacement-eligible _____.
_____ eligible telecommunications products for your _____ scenario.
We _____ about which telecom _____ are _____.
Give information about which telecommunications _____ replacements.
_____ you _____ telecom devices _____ be covered for a _____?
_____ like to _____ telecom devices are eligible _____ refund/replacement _____.
_____ you give _____ about _____ telecom _____ that qualify _____ replacement scheme?
Please give _____ Telecommunications Devices are _____ to _____.
_____ provide details _____ products included in _____ scheme.
What Telecommunications _____ are _____ to be _____ Refunds or _____ Policy?
Can you _____ me _____ information on _____ devices are _____ for _____?
Information about _____ equipment is _____ for refund _____ be provided.
Please _____ Devices are eligible for _____
_____ the telecommunications _____ for _____ replacement or refund.
_____ want _____ replacement for _____ equipment, you should provide _____ details of _____.
You should _____ more information _____ your _____ to replace _____ equipment.
_____ you have any _____ which telecom _____ are eligible _____ replacements?
_____ what _____ Devices are eligible _____ Refunds or _____ Policy.
We _____ on your organization's _____ for _____ refunds/replacements _____ related _____ equipment.
Give _____ on _____ accessories fit in _____ guarantee.
_____ should give _____ details _____ policy _____ replacement of _____ telecommunications equipment.
What _____ the _____ we need for refunds and _____?

_____ you _____ a _____ of _____ telecom devices for _____ or _____?

Information on _____ telecommunications devices _____ eligible _____ or _____ should _____.

Is it _____ tell me which telecom _____ or _____?

_____ you tell _____ the criteria _____ telecommunications devices _____ line _____ the organization's _____?

Inform _____ which _____ the criteria _____ being eligible _____ reimbursement _____ replacement.

Information on the types _____ that _____ criteria for _____ replacements _____.

According to _____ if you want _____ replacement for _____ provide _____ details.

Information _____ types of _____ meet criteria for _____ and replacements _____.

_____ explain _____ Telecommunications _____ are eligible _____ the organization's policy _____.

Provide information regarding _____ can _____ a refunds or replacement policy.

Information _____ how/which telecommunications _____ for refunds _____ replacements is _____.

_____ about the _____ that is _____ replacement or refund.

_____ the necessary _____ the _____ telecommunication tools

"What _____ Devices are _____ to _____ your _____ refund/replacement _____ eligibility? _____

What _____ Telecommunications Devices _____ are _____ to be _____ your _____ or Replacement _____?

If _____ like _____ for the _____ you should _____ more _____ about _____ policy.

_____ equipment is eligible for a replacement.

Inform _____ telecom _____ which _____ be used for a _____.

To get a replacement for the telecommunications _____ me _____ your _____.

_____ more _____ about _____ telecom devices that will qualify _____ your replacement _____?

Give detailed _____ about which telecommunications _____ or _____.

_____ refund/replacement-eligible telecommunication tools _____ needed.

Can you _____ which _____ devices _____ for your _____ scheme?

If you _____ a replacement _____ you _____ to _____ me _____ of your _____.

Can you _____ devices _____ or replacements according to _____ policy?

_____ refund/replacement-eligible telecommunication tools _____ required.

_____ telecommunication tools is required.

_____ tell me what Telecommunications _____ eligible to replace _____ policies.

According _____ policy, if _____ want _____ replacement for telecommunications equipment, _____ should provide _____.

_____ information about which _____ devices can _____ organization's _____ for a _____ policy

_____ rundown _____ eligible telecom devices for a refund.

Please _____ Telecommunications _____ to replace for your organization's _____.

_____ us _____ the _____ equipment is suitable _____ a replacement _____ policy.

If you _____ replacement _____ the _____ should provide _____ on the policy.

Can you tell _____ telecom devices are _____?

_____ information _____ the _____ of _____ which meet the _____ for _____ replacements.

Share _____ information regarding eligible _____ in line _____ scenario.

_____ need information on which _____ qualify _____ refunds _____ according _____ your _____.

_____ can give a rundown _____ devices for _____.

_____ what Telecommunications Devices _____ eligible to replace _____.

_____ you want _____ replacement for _____ equipment, _____ the details _____ to _____ policy.

Please _____ a description _____ Devices are eligible _____ replace for _____ eligibility.

_____ which telecom devices will _____ for refunds _____ replacements.

_____ necessary _____ about the refund or _____ tools.

_____ about _____ telecommunications _____ meet eligibility for a _____ replacements.

_____ are _____ that _____ to be _____ for your organization's policy _____?

Inform us _____ telecom equipment _____ suitable for _____

_____ am _____ if you _____ tell me information _____ the _____ conform to _____ organization's policy _____.

Please tell _____ Telecommunications Devices are _____ replace _____ replacement policies.

_____ you _____ on _____ telecom devices _____ eligible for refunds?

_____ to the _____ replacement for _____ equipment, _____ give details about its _____.
 _____ you able _____ the _____ of _____ refund policy _____ telecom _____?
 Inform _____ eligible _____ products in line _____ their replacement _____.
 Can you _____ details of _____ for _____ devices?
 Can you _____ more _____ devices are eligible _____ the refund _____?
 _____ a need _____ specifics _____ eligible _____ refunds or replacements.
 _____ how _____ devices _____ for refunds _____ can be provided.
 Do _____ which _____ are covered for a _____?
 Details are needed _____ your _____ for _____ under the _____ plan _____ telecom _____.
 I'd like to know _____ of _____ policy _____ devices.
 _____ regarding _____ devices _____ for refunds or replacements _____ be _____.
 _____ of eligible telecom _____ or replacements are _____.
 You _____ give me details _____ policy _____ you _____ replace _____ equipment.
 _____ provide _____ information _____ your policy if _____ want _____ replace _____ equipment.
 Let us _____ what _____ to replace for your organization's _____.
 Can _____ tell _____ criteria for telecommunications _____?
 _____ provide _____ telecommunication devices _____ meet _____ for reimbursement and replacement.
 Can _____ tell _____ what devices are eligible _____ return policy _____?
 More details _____ policy _____ required _____ a _____ the telecommunications equipment.
 _____ me _____ devices meet your company's _____ refunds and _____.
 Can you _____ more information _____ which _____ for your replacement _____?
 _____ about _____ in _____ replacement _____ should be furnished.
 Can _____ give _____ a _____ of _____ criteria _____ telecommunications devices?
 _____ information about which _____ for refunds and _____.
 _____ describe what Telecommunications _____ are _____ replace _____ organization's eligibility.
 Information _____ telecommunications devices qualify _____ company's policy _____.
 _____ know _____ telecommunication _____ your policy.
 You _____ more _____ about your policy if you want _____ replacement _____ the _____.
 _____ which _____ devices _____ meet _____ for a _____ or replacement policy.
 Provide _____ telecommunications _____ eligible _____ refunds and replacements.
 Inform _____ the telecom equipment that _____ a _____.
 Provide _____ information _____ the _____ devices qualify _____ refunds or _____.
 _____ which _____ devices qualify for refunds or _____ based _____ your policy.
 _____ us _____ Devices _____ eligible to replace.
 _____ information about which _____ meet the organization's _____ refunds policy
 Information _____ eligible _____ products should _____ with your _____ scenario _____ mind.
 _____ on which _____ qualify _____ refunds or replacements.
 Information about which _____ can meet organization's _____ refunds or _____ provided.
 According _____ the _____ of _____ telecommunications equipment, you should provide _____ your _____.
 Specifics _____ telecom _____ for refunds _____.
 If you want _____ telecommunications equipment, you have _____ of _____ policy.
 _____ types of telephones which _____ organization's _____ and _____ should _____ given.
 Inform us _____ telecom _____ that could be _____ for _____.
 I need info on _____ are _____ or replacements _____ to your _____.
 I am _____ give _____ about what devices _____ eligible for _____ organization's replacement policy.
 _____ of telecom _____ that is suitable for _____.
 _____ would like a _____ for telecommunications equipment, _____ should _____ information _____ policy.
 _____ Devices _____ eligible to _____ should be _____.
 _____ the telecom _____ that _____ appropriate for a _____.
 _____ want a replacement for telecommunications _____ give _____ information _____ policy _____ that area.

Information _____ telecom _____ refunds or replacements _____ needed.

_____ the _____ of the replacement _____ the telecommunications equipment, _____ information _____ eligibility.

Do _____ know _____ a _____ device _____ for _____ or _____ according _____ policy?

Please _____ which telecommunication _____ meet _____ criteria _____ be _____.

_____ policy _____ the replacement _____ the telecommunications equipment you _____ about _____ eligibility.

_____ detailed _____ about _____ telecommunications devices that can _____ eligibility _____ refunds policy.

The details _____ refund/replacement _____ for _____?

_____ complete _____ about how your _____ policy _____ or _____ applies _____ telecommunications _____.

Please specify what _____ Devices _____ to _____ in _____ organization's _____.

Information about which _____ for refunds _____ should _____ given.

I would like _____ eligible _____ your replacement guidelines.

Please _____ what _____ eligible _____ replace _____ the _____ or Replacement Policy.

Tell me _____ Devices are _____ replace for your _____.

Please _____ what _____ Devices _____ to replace _____ your _____ replacement policies

_____ Telecommunications Devices are _____ replaced for your organization's _____ replacement _____?

Please let _____ if your _____ policy _____ or replacements for _____ devices.

Can you give _____ information _____ the _____ that qualify _____ replacement _____?

_____ details about which telecommunications _____ meet eligibility _____ policy.

Is it _____ for you to _____ devices are _____ replacement scheme?

_____ refund/replacement eligible _____ tools are _____.

Provide details about the telecommunications _____ for _____ replacements.

_____ about _____ refund/replacement-eligible telecommunication tools.

Can you _____ me _____ of your _____ policy for _____?

_____ wondering if _____ can tell _____ on the devices _____ conform _____ policy for refunds.

_____ you _____ me _____ about _____ are eligible for the replacement _____?

Can you _____ more information _____ the _____ that _____ for the replacement _____?

Is it possible _____ to _____ qualify for the _____ scheme?

Please _____ eligible telecommunication tools.

Can you tell _____ devices _____ a _____ scheme?

Please _____ how telecommunications _____ refunds or replacements.

_____ a replacement for the telecommunications _____ give the policy _____.

_____ want to get a replacement for _____ equipment, you should _____.

_____ let us _____ about the _____ the telecommunications devices?

Can _____ tell _____ devices are eligible _____ or replacements _____ your policy?

Send details of _____ on _____.

_____ want a _____ telecommunications equipment, you should _____ information _____ its eligibility _____ to the _____.

_____ want to replace _____ telecommunications equipment, _____ details _____ your policy.

What _____ Devices _____ eligible to _____ for _____ organization's _____?

Provide _____ information about _____ telecommunications equipment _____ eligible _____.

_____ know which _____ meet the criteria _____ reimbursement?

_____ telecommunication gadgets _____ refunds _____ replacement?

_____ it _____ us about the refund/replacement _____ for telecommunications _____?

Please _____ what Telecommunications Devices are eligible _____ organization's _____.

What _____ Devices _____ eligible _____ for your _____ refunds _____ policies?

_____ which _____ meet the organization's _____ refunds _____ can be provided.

How _____ return/replacement criteria _____ devices in _____ with _____ policy?

_____ you tell _____ telecom _____ qualify _____ refund/replacement scheme?

I am _____ you can _____ me information on _____ devices _____ with _____ organization's policy _____.

_____ need to _____ the details _____ your refund _____ for _____.

Tell _____ the telecommunications equipment _____ be _____ a refund or _____.

Provide ____ information ____ equipment qualifies ____ refunds or replacements.
Information ____ which ____ devices ____ for ____ refunds ____ policy.
Please let us ____ you ____ eligible devices for _____.
____ am ____ can tell me which ____ conform ____ the organization's ____ of ____.
____ us what ____ devices would be covered for ____?
____ which telecommunications devices meet the organization's eligibility _____.
I ____ know ____ qualify for ____ or replacements according to ____ policy.
____ details of ____ eligible ____ tools ____ to ____ given.
Please ____ what ____ are eligible ____ your organization's policy ____.
Inform us of the ____ equipment which ____ for ____
____ comprehensive information about ____ telecommunications ____ for refunds _____.
____ want ____ a ____ equipment, you ____ give details about its ____.
Information ____ the ____ of ____ which ____ criteria for ____ and ____ can ____ provided.
Can you ____ us ____ about ____ replacement ____ devices in line ____ policy?
____ how ____ which ____ for ____ or replacements is required.
____ which telecom ____ with ____ qualification guidelines
____ want to replace ____ equipment, ____ need to give ____ eligibility.
____ tell ____ which devices ____ under your ____ and ____ policy.
____ detailed ____ on ____ telecommunications devices ____ for ____ refunds policy.
Give ____ about ____ telecommunications devices ____ eligibility for ____ replacements.
Determine ____ telecommunications ____ for ____.
____ information ____ which ____ qualify for refunds ____ replacements.
____ info about ____ refund/replacement-eligible ____ tools.
____ details ____ gear ____ on reimbursement ____
____ on the types ____ the ____ refunds and replacements.
Can ____ me ____ telecom ____ are eligible for ____ refund ____ replacement ____?
____ us about the ____ that ____ criteria ____ compensation.
Provides details about ____ can meet the ____ eligibility ____ a _____.
____ need ____ on refundable _____.
____ details ____ which telecommunications ____ meet ____ for a refunds _____.
Provide complete ____ on how the ____ refunds or ____.
Tell me ____ devices ____ be ____ for ____ replace/refund.
Information ____ telecommunications equipment is ____ for refunds ____ replacements _____.
____ would like ____ which ____ are eligible ____ the ____ and replacements.
You ____ give more ____ about your ____ you ____ for ____ telecommunications equipment.
Tell ____ organization's replacement ____ regarding eligible telecommunications ____.
____ tell me which telephony products are ____?
____ specify ____ Telecommunications Devices ____ eligible to ____ for ____ organization's ____.
____ about the telecom ____ that meet ____ company's ____ requirements.
Please ____ Devices ____ replace for your organization's policies.
Can you give ____ more ____ on the ____ will qualify for ____?
Tell ____ about the telecom ____ in the ____.
____ for refunds ____ according to the ____ you have?
____ tell ____ which ____ are eligible for ____ replacements.
Information ____ telecom ____ for refunds or replacements _____.
Please ____ data about the telecom products ____ the ____.
____ information ____ which ____ meet the organization's ____ refunds policy
You ____ describe what ____ are eligible to ____.
Talk ____ with your organization's replacement scenario.
____ of ____ gear for ____.

_____ the _____ eligible _____ are needed.

_____ provide a list _____ telecom devices _____ refunds?

_____ know which _____ adhere to the organization's _____.

Please tell us if _____ company's _____ applies to _____.

_____ like _____ replacement for telecommunications equipment, you _____ me _____ of _____ policy.

_____ you want _____ for _____ equipment you need _____ give _____ information _____ policy.

_____ about _____ meet the _____ for compensation.

_____ a replacement for _____ telecommunications equipment, you should give _____ its _____.

_____ included in the replacement _____ should be _____.

You _____ information about _____ policy for _____ area of the _____ equipment _____ want a _____.

Information about _____ refund/replacement-eligible _____ is _____.

Information about the _____ equipment _____ replacement or _____ required.

_____ which telecommunications _____ qualify for refunds or _____ be _____.

I want to _____ telecom _____ qualify _____ replacement _____.

_____ detailed information _____ which _____ meet the _____ eligibility _____ refunds.

Please _____ Telecommunications _____ eligible to be _____

_____ refund/replacement eligible telecommunication _____ be _____.

_____ of eligible _____ in _____ organization's replacement scenario.

_____ information about _____ products _____ your organization's _____ scenario.

"What Telecommunications _____ to replace _____ organization's _____ or Replacement policies? _____

_____ information about which _____ eligible for _____ or replacements _____.

_____ you _____ a replacement _____ telecommunications equipment, you _____ give details _____ to _____ policy.

_____ describe _____ telecom devices that _____ be _____ refunds?

_____ you _____ a _____ for _____ telecommunications _____ you should give _____ about your _____.

_____ information _____ the _____ of telephones that are _____.

Please describe _____ are eligible to _____ for the _____.

Provide _____ the telecommunications _____ that will qualify _____ replacement _____.

Tell _____ about _____ phones _____ satisfy the _____ for _____.

Inform us _____ devices meet the _____ and replacement.

Provide _____ about which telecommunications equipment _____ refunds _____

_____ give me _____ information _____ telecom _____ for a refund?

_____ your organization's _____ scenario _____ detailed _____ eligible telecommunications _____.

Please _____ me what _____ Devices are _____ replaced _____ organization's _____ eligibility.

I _____ if you _____ provide me _____ about _____ devices _____ organization's replacement policy.

_____ details regarding eligible _____ products in line _____ replacement _____.

_____ us _____ policy on _____ criteria for telecommunications devices?

_____ about the telecom _____ included in _____ scheme.

What _____ are eligible to replace _____ the _____?

If you want _____ the telecommunications equipment, you _____ to provide _____ its _____.

_____ a replacement for _____ equipment you should _____ more details _____.

_____ tell me _____ Devices are eligible to _____ my _____ policy.

Provide _____ the telecommunications equipment that is _____ replacements.

Please _____ me details of _____ policy _____ you _____ a _____ equipment.

If _____ want a _____ the _____ to _____ me _____ of your policy.

_____ you can _____ information _____ devices that _____ eligible _____ the _____ replacement policy.

_____ am wondering _____ you _____ give me _____ devices _____ eligible _____ the organization's replacement _____.

_____ a _____ eligible telecom devices for refunds.

_____ me which _____ qualify for _____.

_____ tell me about _____ devices for _____?

_____ let me know which _____ devices _____ eligible _____?

Provide comprehensive _____ about _____ devices _____ are eligible _____ or _____.

"What _____ eligible _____ replace for your organization's _____ policy _____
_____ the _____ eligible telecommunication tools.

Information _____ which _____ for refunds _____ replacements can be _____.

If _____ a _____ telecommunications equipment _____ provide details about _____ according to _____ policy.
_____ is eligible for a reimbursement policy.

Detailed _____ equipment _____ eligibility for a replacement policy _____ be _____.

_____ you _____ to _____ replacement _____ you _____ to give the policy details.

_____ describe _____ Telecommunications Devices that are eligible to _____ replaced _____ organization's _____.

Information _____ telecommunications devices _____ the _____ a refunds or replacement _____ can _____.

Information _____ which telecommunications equipment _____ for _____ can be _____.

Data _____ telecom _____ in the refund/replacement _____ should _____.

Do _____ information on _____ devices are eligible for _____?

_____ Telecommunications Devices _____ to replace _____ your organization's Refunds _____ Replacement _____.

_____ am _____ if you _____ with _____ about the _____ that _____ eligible for the organization's _____.

_____ can give _____ of your policy _____ you want a _____.

_____ provide complete information regarding _____ telecommunications _____ are eligible _____.

_____ the _____ eligible _____ tools should be _____.

Please share what _____ are _____.

_____ about which _____ equipment _____ for _____ refund or replacement.

_____ let me know _____ devices are eligible _____ the _____?

_____ should _____ details _____ the _____ for _____ you want a replacement for telecommunications _____.

Let your _____ know about _____ products _____ a _____.

_____ us _____ the telecom equipment _____ is _____ for _____ replacement.

Tell us _____ phones that _____ eligible _____ compensation.

Please _____ us _____ have eligible _____ your refund policy.

_____ about _____ a replacement for _____ should be provided.

Can you _____ me information _____ devices are _____ refunds?

Data _____ which _____ is _____ for _____ or replacements can _____.

_____ if _____ company has _____ policy for telecommunication devices.

If _____ for _____ equipment you need _____ provide _____ about your policy.

_____ on _____ telecom _____ are needed.

_____ what Telecommunications _____ to replace for your organization's _____.

Explain _____ telecommunications _____ refunds.

_____ you have any _____ are eligible for refunds or _____?

_____ on _____ types of _____ meet the _____ for refunds.

_____ information _____ the types _____ that meet _____ for _____ and replacements.

I need _____ the _____ of your refund/replacement _____ for _____.

Provides _____ about _____ equipment _____ refunds or replacements.

_____ can _____ eligibility for _____ refunds or replacement _____ can be provided.

Information _____ which telecommunications devices _____ the organization's _____ refunds _____ policy _____ provided.

_____ details _____ telecommunications _____ in line with _____ replacement scenario.

_____ information _____ equipment that can _____ used _____ a refund _____ replacement.

Is it possible _____ share _____ which telecom _____ are _____ replacement?

Give _____ information _____ the _____ telecommunication _____.

Please _____ what _____ Devices are _____ to _____ replaced _____ your _____

If you _____ for the _____ equipment, you _____ to give _____ about _____.

Please _____ Telecommunications Devices _____ to be replaced for _____ organization's _____.

_____ details about _____ devices _____ organization's eligibility _____ a _____ or replacement policy.

Can you _____ what _____ return/replacement criteria _____ telecommunications _____?

_____ telecom devices _____ company's return and replacement _____ ?
 _____ about which telecommunications equipment meet _____ refund _____ replacement _____.
 _____ about _____ telecommunications _____ qualifies for a replacement _____ be _____.
 According _____ the _____ the replacement _____ telecommunications _____ need to _____ details _____ eligibility.
 Specific _____ is needed _____ refunds _____ of _____ telecom _____.
 Provide information _____ the _____ that _____ used _____ refunds _____ replacements.
 _____ what _____ are _____ to replace for refunds or _____.
 _____ phone gear based _____ reimbursement terms.
 _____ detailed _____ regarding _____ telecommunications products _____ organization's replacement _____.
 Please _____ to _____ Telecommunications _____ are eligible _____ replace.
 If you want a replacement _____ equipment, you _____ give _____ about _____.
 _____ you know _____ are eligible _____ or _____ to your policy?
 Tell us _____ telephone _____ based _____ terms.
 Please state what _____ Devices are _____ replace _____ your _____ or _____.
 I need _____ tools _____ benefit from the program.
 Information _____ which telecommunications devices _____ the organization's _____ for _____ should be _____.
 If you want _____ replacement for the _____ equipment, _____ more _____ on _____.
 _____ a _____ of _____ equipment that qualifies for a _____ refund.
 _____ wondering _____ you can give _____ details _____ eligible for _____ organization's replacement _____.
 _____ can _____ the details of _____ replacement _____ devices.
 Can _____ what the policy _____ refunds and _____ for telecom _____ ?
 Provide details _____ telephone _____ based _____ terms.
 Is _____ possible _____ inform _____ the _____ criteria _____ the _____ devices?
 Information _____ products included _____ refund/replacement scheme _____ required.
 _____ details about _____ telecommunication _____ should be given.
 Provide _____ which _____ can _____ the eligibility _____ a _____ policy.
 Provide information _____ which _____ are eligible _____ or _____.
 Tell us _____ qualify for _____.
 _____ about which _____ equipment _____ eligible for _____ refunds.
 _____ refund/replacement-eligible _____ tools should be _____.
 _____ you have _____ on _____ telecom _____ for refunds?
 _____ of _____ telecom _____ that _____ suitable for the _____ to _____ policy.
 If you want a _____ for _____ telecommunications _____ you _____ its _____.
 _____ share what _____ Devices are eligible to _____ organization's _____.
 If you _____ a _____ telecommunications _____ you should _____ details about its eligibility _____ the _____.
 _____ which telecom _____ your company's _____ for refunds _____ replacements?
 Inform me exactly what phone tools _____ .
 _____ us _____ Devices are _____ to _____ in _____ organization's policy.
 _____ want to _____ the telecommunications _____ the policy about _____ eligibility.
 I'd _____ know _____ telecom devices _____ for _____ refunds _____ replacements.
 _____ give _____ about telecommunications _____ that are eligible _____.
 Provide _____ the _____ equipment that is _____ replacement or _____.
 _____ about _____ telecommunications _____ can _____ for _____ refunds _____ replacements is required.
 Please tell _____ which _____ Devices _____ eligible _____ be _____.
 _____ description _____ telecommunications equipment that is _____ for a _____ or _____.
 Explain _____ products _____ for refunds.
 Provide information about _____ can meet the _____ refunds _____.
 _____ you _____ a _____ the telecommunications equipment, you _____ give _____ details of your _____.
 If you _____ telecommunications _____ should _____ details about your policy.
 Inform your _____ replacement scenario with _____ information _____.

Provide _____ telecommunications _____ that can be used _____ a _____ or _____ refund.

Please let us know which telecommunications _____ criteria _____.

_____ necessary information _____ refund/replacement eligible telecommunication _____.

Can you clarify the details _____ devices?

_____ how telecommunications devices _____ refunds or _____.

Please provide _____ company's _____ refunds _____ for _____ devices

_____ telecom _____ are _____ for _____ according to their policy?

You _____ give _____ your policy, if _____ want _____ replacement _____ the telecommunications _____.

_____ about _____ for refunds or replacements _____ important.

_____ a replacement for _____ equipment, you _____ the policy about its _____.

I _____ like to _____ which telecom _____ meet your _____.

I am _____ if you can tell _____ which _____ eligible _____ the _____ policy _____.

_____ what Telecommunications Devices are _____ your organization's policy eligibility.

Information about how _____ which _____ for _____ or _____ should be _____.

Information _____ telecommunications devices _____ for _____ refunds or replacement policy

If you _____ replacement for _____ you should provide _____ its _____.

Please tell me _____ Telecommunications Devices _____ replace for _____.

Do _____ know which _____ devices _____ your company's _____ requirements?

Provide _____ telecommunications _____ meet _____ for refunds.

_____ on how/which telecommunications devices _____ or _____ needed.

_____ want a replacement _____ the _____ equipment you _____ details _____ its _____.

Information _____ refund/replacement eligible _____ required.

_____ you _____ telecommunication gadgets fit _____ refund _____?

Provide _____ refund/replacement eligible telecommunication _____.

_____ us _____ information about _____ refund/replacement _____ telecommunication _____.

_____ you _____ what _____ criteria for _____ devices are?

_____ tell _____ what _____ Devices _____ to _____ Refunds or Replacement policies.

Information on how telecommunications _____ is needed.

_____ complete _____ about which telecommunications _____ refunds or _____.

Information _____ telecommunications equipment is _____ policy should _____ provided.

_____ me what Telecommunications _____ are eligible _____ be _____.

Can _____ tell me _____ telecom _____ for _____ replacement scheme?

_____ you tell _____ devices that would _____ covered for a _____?

Can you _____ devices qualify _____ a refund _____ replacement?

_____ describe _____ Telecommunications Devices _____ to be _____ for the _____ Refunds or _____.

_____ a _____ for the telecommunications equipment you should _____ us _____ policy.

_____ information on eligible telecom devices _____ replacements.

_____ telecommunication tools should be _____.

Provide _____ eligible _____ for your organization's _____ scenario.

Please _____ Devices are eligible to receive _____.

Specific _____ about eligible _____ devices _____ or _____.

_____ telecommunication gadgets fit _____ policy.

_____ about which _____ equipment meet eligibility for _____ or _____.

If you want _____ telecommunications _____ you _____ more _____ about your _____.

Please _____ what _____ Devices _____ eligible _____ be _____.

If _____ want a _____ the _____ to provide information _____ eligibility according _____ the policy.

_____ which telecommunications devices can _____ organization's eligibility _____ a _____.

Please tell _____ about _____ fit in _____ guarantee.

_____ what Telecommunications _____ are _____ to _____ for your organization's Refunds _____ Replacement _____.

I _____ looking _____ what devices _____ the return policy _____ your organization.

Provide details _____ which _____ can meet eligibility _____ or _____.

If you would like _____ the telecommunications _____ give _____ your policy.

_____ about _____ telecommunications _____ qualifies for _____ refunds or _____ given.

Information about which _____ tools _____.

We need _____ your _____ eligibility for the refunds/replacements plan _____.

_____ provide detailed information _____ that qualifies _____ a replacement.

Please describe what _____ Devices _____ eligible to _____ policies

Information _____ eligible telecommunications _____ should be shared _____ in mind.

Can _____ tell me about the _____ that _____ qualify _____ the _____?

Provide details of _____ telecommunications _____ meet _____ refunds or replacement policy.

_____ on the types of _____ which meet the organization's _____ be _____.

_____ which telecom devices qualify for your _____.

_____ it _____ to _____ a _____ eligible telecom _____ a replacement?

Information about the eligibility _____ a replacement _____ be _____.

Do _____ have _____ eligible telecom devices for _____?

_____ give _____ telecom products _____ the refund/replacement scheme.

You should _____ more details _____ want to replace _____ telecommunications _____.

_____ a _____ the _____ equipment, _____ should give _____ about your eligibility.

Detailed information about _____ telecommunications devices _____ meet _____ organization's _____ policy.

We need a breakdown of _____.

_____ information _____ telecommunications _____ can meet the _____ a refunds or replacement _____.

I _____ if you can _____ me _____ what _____ are eligible _____ replacement policy.

Information about how/which _____ devices qualify _____ replacements _____.

Please let us know if any _____ devices _____ the _____.

_____ us know if _____ telecommunications devices _____ criteria for reimbursement _____.

_____ want _____ replacement _____ telecommunications equipment, you _____ more _____ about the _____ surrounding it.

_____ want _____ know which _____ qualify _____ refunds _____ on your policy.

_____ am _____ you can give _____ some information _____ what devices _____ eligible _____ the _____ replacement _____.

_____ details _____ eligible _____ products for _____ replacement scenario.

Provide _____ which telecommunications _____ meet the organization's eligibility _____.

Information about the telecommunications _____ replacement _____ required.

Need _____ on eligible _____ devices _____.

I _____ info on _____ devices _____ be _____ or replacements.

Provide _____ information _____ which _____ the _____ eligibility _____ a refunds or _____.

Can _____ telephony products are _____ for a _____ agreement?

_____ about which _____ equipment _____ for a _____ replacements.

I am _____ me know what _____ eligible for the _____ policy of _____ organization.

If you want a replacement for the telecommunications _____ eligibility.

_____ you want to _____ a _____ telecommunications equipment, you should _____ details.

_____ can _____ details _____ refund/replacement policy _____ telecom devices.

Which telecom _____ refunds or _____ according to _____?

_____ tell _____ Devices are _____ to _____ for _____ eligibility.

Can _____ more about your _____ for telecom _____?

Share _____ products in _____ with _____ organization's _____ scenario.

_____ equipment is eligible _____ or replacement policy can _____ provided.

Provide _____ types of _____ meet organization's _____ refunds _____ replacements.

_____ know what devices comply _____ for refunds and replacements.

If you want _____ for telecommunications equipment, _____ give details _____ your _____ the _____.

_____ you _____ which _____ devices meet the _____ reimbursement and _____?

_____ wondering if you _____ me _____ on the devices _____ to the policy _____.

_____ tell me what _____ are _____ to _____ my organization's Refunds _____ Replacement _____
_____ information _____ the _____ of telephones _____ are _____ for _____.
_____ information about _____ can _____ your organization's eligibility for _____.
_____ details about _____ can _____ organization's eligibility _____ a refunds _____ replacements.

If you _____ to replace telecommunications _____ you should _____ your _____.

_____ tell _____ Devices _____ eligible to replace.

_____ should _____ more _____ the _____ for _____ area of the telecommunications _____ want _____ replace.

_____ me _____ Devices _____ eligible _____ be replaced _____ my Refunds or _____ Policy.

_____ is _____ that you _____ what Telecommunications _____ eligible _____ replace.

Please _____ on _____ telecommunications _____ are eligible _____ refunds _____ replacements.

Please _____ what Telecommunications Devices are eligible _____ replace _____ or _____.

_____ about which devices can meet _____ for _____ refunds _____.

_____ us which _____ devices meet the _____ being _____ and replacement.

You should give _____ your policy _____ you _____ replacement _____ telecommunications equipment.

_____ eligible _____ for refunds _____ needed.

_____ is _____ need for _____ information on _____ devices for _____ or _____.

Can you _____ which telecom _____ qualify _____ refunds or _____ policy?

You could clarify _____ your replacement _____ telecom _____.

You _____ provide more details _____ your _____ if _____ want a _____.

Information on _____ types of phones _____ meet the _____ refunds _____.

_____ you _____ me _____ information about the _____ that _____ the _____ scheme?

Which Telecommunications _____ eligible _____ be _____ your organization's _____?

_____ telecommunications equipment _____ for _____ refunds or replacements.

Give details regarding eligible _____ in line _____ your _____.

Tell _____ the _____ telecommunication tools.

Do _____ have _____ included in _____ refund/replacement scheme?

_____ describe what Telecommunications Devices are eligible _____.

We would like _____ suitable _____ for reimbursement.

_____ was _____ if _____ give me details _____ what _____ eligible _____ the organization's replacement _____.

Information about _____ equipment is _____ for a refunds or _____.

Tell me about _____ telecom _____ your _____ and refunds _____ requirements.

_____ what Telecommunications _____ are eligible to _____.

_____ info _____ telecom devices for _____ replacements.

Can _____ let _____ the replacement criteria for telecommunications _____ in _____ organization's _____?

_____ me _____ Telecommunications _____ are _____ to replace for _____ policies.

_____ about the _____ criteria for telecommunications _____ line with _____ policy?

_____ necessary _____ the _____ telecommunication tools.

_____ about the telecommunications _____ qualify for refunds _____ provided.

Can _____ tell _____ about _____ criteria for _____?

_____ you want _____ replacement for _____ equipment, you _____ to _____ your policy.

According _____ the _____ replacement _____ telecommunications equipment, _____ should provide _____ about the _____.

Can _____ give me _____ telecom devices are eligible _____ your _____?

_____ which _____ devices _____ meet the organization's _____ for a refunds _____.

What _____ eligible to _____ for your _____ policy eligibility?

Tell _____ Devices _____ to replace _____ your organization's policy.

_____ needed about _____ eligible telecommunication _____.

If you _____ replacement _____ the telecommunications equipment, _____ give _____ info _____ your _____.

_____ regarding how telecommunications _____ be eligible _____ replacements should be _____.

_____ us _____ of what _____ Devices are _____ to replace.

_____ would like _____ the details of _____ refund/replacement _____ for _____.

Which telecom _____ refund/replacement guidelines?

_____ give _____ on eligible _____ devices _____ refunds _____ replacements.

Please tell _____ to _____ replaced for _____ Refunds or Replacement Policy.

_____ the _____ telecommunication tools.

Please _____ policy on refunds _____ for telecommunications _____.

_____ information _____ which telecommunications devices _____ organization's replacement policy _____.

_____ would like _____ know which _____ would _____ covered for _____.

Can _____ give me more information _____ will be eligible _____ the _____?

If you _____ telecommunications equipment, you need to _____ the policy _____.

_____ replacement for _____ equipment you need _____ more information about _____ policy.

If _____ want to _____ telecommunications _____ provide more _____ your policy.

_____ needed about your organization's criteria _____ eligibility _____ related _____ telecom equipment.

Detailed information _____ which telecommunications _____ for refunds or _____ provided.

_____ need _____ know _____ details of the refund/replacement-eligible _____.

Please _____ us _____ company _____ a _____ and replacement of _____ devices.

Information about _____ are eligible _____ refunds _____ be _____.

Information about the _____ equipment _____ can be _____ replacement or _____ be _____.

_____ tell us what _____ are eligible _____ replace _____ policy.

Information _____ telecommunications devices _____ the _____ for a refunds.

_____ let me _____ which telecom devices _____ eligible _____ the _____?

_____ detailed information _____ telecommunications _____ are _____ for refunds or _____.

You _____ give _____ details of your _____ if you would _____ equipment.

There needs _____ details _____ telecom _____ for _____ or replacements.

Provide detailed information _____ that _____ for a _____ replacement.

Please let us know _____ devices _____ criteria to _____ for _____.

_____ Telecommunications _____ to replace for the Refunds or _____ policies.

_____ are _____ to _____ for _____ refunds or replacement policy?

Please provide _____ Devices that _____ be replaced for _____ organization's _____.

There _____ be details _____ devices for refunds _____.

_____ which telecommunications equipment _____ for a _____ or replacements.

_____ you wish to get a replacement _____ should provide _____ about _____.

According to _____ the replacement for the telecommunications _____ of your _____.

_____ accordance _____ can you tell us about _____ for telecommunications devices?

_____ details of _____ gear _____ reimbursement.

Information _____ which _____ equipment _____ refunds or replacement policies can _____.

I need _____ know _____ gadgets _____ your _____ for _____.

_____ information _____ devices meet eligibility for _____ or _____.

Information _____ equipment that is _____ for _____ or refund _____ provided.

Inform us of the telecom _____ suitable _____.

Can _____ which telecom devices qualify _____ replacement scheme _____ me _____ details?

_____ you want _____ replacement _____ telecommunications equipment, _____ should provide more _____ the _____.

_____ telephones that meet _____ organization's _____ for _____ can be provided.

_____ describe what _____ Devices _____ to _____ for the policy.

The refund/replacement eligible _____ be given _____ details.

Can you _____ what the refund/replacement criteria _____?

_____ telecommunications products _____ be _____ with your organization's replacement scenario.

_____ need to _____ which _____ the criteria for _____.

_____ about which _____ can meet the organization's _____ for _____ refunds _____ policy _____.

_____ to _____ a _____ the telecommunications _____ you _____ give more information about the _____.

_____ detailed data about _____ in the _____ scheme.

_____ let _____ know how and _____ telecommunications _____ refunds _____ replacements.
 Please _____ us what telecommunications devices _____.
 Information _____ policy _____ be provided _____ a replacement for _____ equipment.
 _____ the _____ equipment _____ is _____ for a replacement, _____ to the _____.
 You should _____ more _____ the _____ for the _____ of the telecommunications equipment if _____.
 Please _____ me what Telecommunications _____ to _____ for _____ organization's _____ policy.
 _____ of _____ that are eligible for reimbursement.
 _____ information regarding _____ products _____ line with your _____ replacement _____?
 _____ complete information about _____ equipment _____ can be _____ replacement.
 _____ Devices are eligible _____ replaced for your _____ policy.
 _____ information _____ which telecommunications equipment _____ for a _____.
 _____ Devices are _____ to replace for your _____ policy.
 If _____ want a _____ for the _____ equipment, _____ information _____ eligibility.
 _____ should _____ me details _____ if _____ want a replacement _____ phone equipment.
 _____ equipment is eligible for _____ replacement policy.
 _____ tell _____ Telecommunications _____ eligible _____ replaced for the policy.
 _____ the types _____ that meet _____ refunds and replacements.
 Can _____ us _____ the return/replacement _____ for _____ devices?
 Provide _____ about _____ telecommunications _____ will qualify _____ replacement or _____.
 Be _____ devices _____ refunds or replacements.
 I'd like _____ know which telecom devices _____ scheme.
 _____ types of _____ meet organization's criteria _____ refunds and _____ should be _____.
 _____ telecommunications equipment _____ eligibility for a replacement _____ required.
 Please _____ what Telecommunications _____ are _____ to _____ for _____ refunds or _____.
 Can you give me _____ details _____ devices qualify _____ scheme?
 Please tell us _____ Devices _____ to replace for _____.
 Information _____ telecommunications devices meet _____ should be given.
 Information _____ how/which telecommunications devices qualify for _____ or _____.
 _____ about the criteria for _____ refunds/replacements plan for _____ equipment _____.
 Information _____ which telecommunications equipment _____ be _____ for _____.
 I'm _____ you can give _____ about which _____ for _____ organization's replacement _____.
 I _____ to know which _____ eligible for refunds _____.
 Tell me _____ tools will benefit _____ program.
 The _____ telecom _____ are _____ is needed.
 Provide the information about _____ telecommunications _____ a replacement or _____.
 Do you _____ telecom _____ meet _____ company's _____ and replacements?
 _____ you _____ us about _____ replacement criteria _____ devices _____ line with _____ policy?
 Information _____ which telecommunications devices _____ meet eligibility for a _____.
 _____ which telecommunications devices _____ the _____ for refunds _____ should be provided.
 Information _____ the _____ or replacements for _____ can _____ provided.
 _____ on _____ types of _____ can be used for _____.
 _____ include what _____ are eligible _____ your organization's policies.
 Can you give me more _____ the _____ are _____ for _____ replacement _____?
 _____ provide complete information _____ that qualify for _____ replacements.
 I'm _____ give me the _____ of what _____ are _____ the _____ replacement policy.
 Which _____ devices meet _____ policies _____ refunds and _____?
 _____ want a _____ for telecommunications equipment, you _____ give more details _____ for _____.
 _____ data about telecom products included _____ refund/replacement _____?
 Information _____ how _____ qualify _____ refunds _____ replacements can _____ provided.
 _____ would like to _____ telecom _____ are _____ refund or replacement _____.

Can _____ with _____ the _____ for refunds _____ for _____ devices?
 _____ tell _____ Devices _____ to replace for _____ organization's refunds.
 Provide a description _____ equipment _____ qualifies _____ a _____ or _____.
 Can you _____ me _____ on which _____ are eligible _____?
 Provide _____ information about _____ devices _____ eligibility _____ refunds or replacement policy.
 Tell us _____ information about the _____.
 Specific _____ about _____ devices _____ needed for _____ replacements.
 _____ to _____ devices qualify for your replacement _____.
 _____ am _____ if _____ can _____ what devices are eligible _____ the organization's _____.
 _____ you can give _____ a description of _____ devices _____ for the organization's _____.
 According _____ the _____ if _____ a _____ for the _____ equipment, you _____ details about its _____.
 Share _____ of telephone _____ based _____.
 _____ indicate _____ Telecommunications Devices are eligible _____ for _____ organization's _____.
 Please _____ me _____ devices _____ refunds or replacements.
 _____ what Telecommunications Devices _____ for _____ organization's policies.
 Information _____ the types of _____ that _____ the _____ replacements _____ be provided.
 If _____ telecommunications equipment, you should provide _____ about your policy.
 Explain _____ comply with _____ repayment _____.
 _____ you _____ us about your _____ replacements for telecommunications devices?
 Provide complete information _____ telecommunications devices _____ eligible for _____.
 Inform _____ telecom equipment _____ is suitable _____ replacement _____ to the _____.
 Is _____ possible for _____ to tell me _____ qualify _____ your _____?
 _____ need _____ know details _____ the _____ eligible _____ tools.
 Tell us how your _____ on refunds _____ replacements _____ telecommunications _____.
 _____ know _____ telecommunication _____ meet _____ requirements _____ reimbursement and replacement.
 _____ the _____ equipment _____ qualifies for _____ or Replacement should _____ provided.
 _____ us _____ description of the _____ criteria for telecommunications _____?
 Tell _____ how your company's _____ on refunds _____ to _____.
 _____ you give _____ the _____ devices that will _____ the refund/replacement scheme?
 The _____ details _____ the _____ tools should _____ given.
 _____ your organization _____ telecommunications _____ in line with _____ replacement _____.
 _____ about _____ is eligible for _____ or replacements.
 Can you _____ me what _____ policy _____ replacements _____ telecom devices?
 Inform _____ the telecom _____ is _____ a replacement.
 _____ about _____ for a _____ or a _____ should be provided.
 _____ information about which _____ can be _____ for refunds _____.
 _____ on _____ telecom devices for refunds or replacements.
 If _____ want a replacement _____ telecommunications equipment you need to provide _____ the _____.
 Did _____ know _____ meet _____ return and replacement policy _____?
 _____ us of _____ telecom equipment _____ suited for _____.
 Provides detailed information _____ telecommunications _____ eligibility for a _____ or replacement _____.
 Please include _____ Telecommunications _____ are _____ replace for _____ organization's _____.
 _____ what Telecommunications _____ eligible to replace _____ organization's eligibility.
 _____ want a _____ for _____ you need to provide more _____ the _____.
 _____ information _____ which _____ eligible for a replacement policy _____ be _____.
 _____ which _____ equipment _____ eligible for refunds _____ should be provided.
 Can _____ give me _____ information _____ devices _____ eligible _____ your _____ scheme?
 _____ us know which telecommunication _____ meet _____ for being _____.
 Please describe what _____ Devices are suitable _____ replace _____.
 If you want a replacement _____ the _____ you _____ about _____ eligibility.

_____ am _____ you _____ give me _____ about the devices _____ eligible _____ the organization's _____.

_____ you tell _____ which _____ products _____ eligible _____ a _____?

Information about _____ refund/replacement-eligible telecommunication _____.

Can you tell _____ which _____?

_____ get a replacement for _____ you should give _____ the policy.

_____ provide _____ regarding telecom products _____ the refund/replacement _____.

_____ refund/replacement eligible telecommunication _____ must be _____.

Provide _____ telecommunications devices are eligible _____ policy.

Please _____ what Telecommunications Devices are eligible to replace _____ refunds _____.

_____ state the _____ the policy.

_____ me _____ Telecommunications _____ are _____ to replace for _____ organization's _____.

Please _____ if _____ devices _____ the criteria for _____.

_____ regarding telecom products _____ the _____ scheme _____ be _____.

Information _____ which _____ qualify for refunds _____ is _____.

_____ us what _____ Devices _____ eligible for _____ replacement.

_____ details _____ the _____ eligible _____ tools are _____.

If you _____ replacement for _____ you should _____ about _____ eligibility.

_____ which _____ eligible for a replacement or _____.

_____ about which telecommunications _____ meet _____ organization's _____ for _____ refunds policy.

List eligible _____ line with your _____ replacement _____?

_____ us know the telecom _____ is _____ for _____.

I would _____ know _____ details _____ your refund _____ telecom _____.

According _____ of the _____ you need to _____ details about your eligibility.

I _____ know which telecom devices qualify for _____ according _____.

Please tell _____ the _____ tools.

Share _____ about _____ organization's _____ scenario for _____ telecommunications _____.

_____ about _____ telecommunications _____ eligible for _____ replacement _____ be given.

_____ complete information _____ the telecommunications _____ that are eligible _____.

Can _____ tell _____ telecom devices _____ your refund/replacement _____?

_____ about refund/replacement-eligible telecommunication _____.

Please describe what Telecommunications _____ replace _____ your _____ policies.

Information about _____ telecommunications equipment _____ for _____ replacements _____ provided.

_____ detailed _____ about which telecommunications _____ are eligible _____ a _____.

_____ need _____ know _____ criteria of _____ to telecommunications goods.

Details _____ your organization's criteria _____ under the _____ to telecom equipment _____.

_____ us of the _____ equipment which will be _____.

You should give _____ on your _____ if _____ for telecommunications _____.

_____ you tell _____ about eligible _____ a replacement?

_____ about which _____ comply with _____ qualification _____ should be _____.

_____ should _____ the policy for the _____ if you _____ a _____ for _____ telecommunications equipment.

Information _____ refund/replacement-eligible _____ tools _____ needed.

Please _____ what Telecommunications _____ are eligible _____ replace _____ your _____.

Tell us _____ phones _____ fit _____ for _____.

Information regarding _____ telecommunications _____ for refunds _____ should _____ given.

Can _____ telecom devices for _____?

Tell _____ the _____ refund/replacement-eligible _____ tools.

_____ us of _____ telecom _____ that _____ for a _____.

According to _____ policy _____ telecommunications equipment, you _____ give details about _____ eligibility.

Please _____ Telecommunications Devices _____ eligible to _____ for _____ refunds.

We _____ like _____ meet the criteria for reimbursement _____ replacement.

You ____ give more information about ____ if you want ____ replacement for ____.

Can ____ me which telecom ____ will ____ covered for ____?

Can ____ tell us what the ____ and ____ criteria ____?

____ tell us what Telecommunications ____ eligible ____ for program ____.

If ____ to replace ____ telecommunications ____ should provide more ____ policy.

I ____ wondering ____ you ____ the ____ of your replacement ____ for ____.

You should ____ details ____ your ____ if you want a ____.

____ about the refund/replacement-eligible ____ be ____.

For ____ organization's ____ eligibility, describe ____ Telecommunications ____ are eligible ____.

____ details regarding eligible telecommunications ____ in ____ replacement ____.

Tell me ____ telecom ____ that ____ your ____ replacement policy ____.

Provide ____ about ____ telecommunication ____.

We need ____ on eligible telecom ____ for ____.

Provide ____ information ____ devices qualify for refunds ____.

Provide information about which telecommunications ____ refund.

____ me which telecom ____ company's policies ____ refunds and ____.

____ more ____ the ____ that ____ criteria ____ compensation.

____ of your refund/replacement policy for ____ devices?

____ the ____ qualifies for a refund ____ replacement ____ required.

____ us ____ are eligible to replace ____ our policy.

____ telecommunications devices meet ____ eligibility for a ____ or replacement policy ____ provided.

Details are ____ under the refunds/replacements ____ to telecom ____.

____ can get refunds.

Provide ____ about ____ devices are eligible for ____.

I am wondering ____ you can ____ information ____ the ____ that are eligible ____ the ____.

If ____ want a replacement ____ you need ____ the policy ____.

I am wondering if you ____ give ____ about what ____ organization's replacement policy.

____ about which telecommunications ____ refunds or replacements can ____.

Please tell ____ the telecommunications equipment that ____ for ____.

Specific information ____ telecom ____ can ____ used for ____ replacements.

____ telecommunications equipment will be ____ for ____ policy.

____ us more information ____ the ____ criteria for ____ devices?

____ what ____ devices would be covered ____ a ____?

Which telecommunication ____ qualify ____ replacements?

____ you want a ____ telecommunications equipment, you have ____ provide ____ its ____.

____ which telecommunications equipment ____ be ____ for ____ replacement ____.

____ us ____ meet ____ criteria for being ____ for reimbursement.

____ provide more details about ____ for the area ____ the telecommunications ____ a replacement.

____ you ____ a replacement ____ telecommunications ____ you should provide ____ details ____.

____ about which telecommunications ____ the organization's eligibility ____ a ____ policy.

What ____ eligible for refunds or ____ according ____ your ____?

____ about ____ telecommunications ____ for a replacement ____ refund ____.

Inform us of the ____ that qualifies ____ or ____.

Please describe ____ Devices ____ for ____.

____ the ____ tools is required.

If ____ want a ____ the ____ you ____ details about ____ eligibility according to the ____.

Can you ____ me ____ devices ____ refunds or replacements ____ your ____?

If ____ telecommunications ____ you need ____ give information about its eligibility according to ____.

____ regarding eligible telecommunications ____ line with ____ replacement scenario.

____ information ____ equipment ____ eligible for a ____ or replacement policy.

_____ looking _____ information _____ which _____ qualify for refunds _____ replacements.
_____ you _____ us _____ refund/replacement criteria _____ the telecommunications _____?
_____ necessary details _____ the refund/replacement _____ tools.
Information about _____ telecommunications _____ meet the _____ refunds _____ be provided.
_____ on _____ products in line with _____ organization's replacement _____.
Please tell _____ Telecommunications Devices _____ eligible to _____ your _____.
Please _____ Telecommunications Devices are _____ replace _____ your _____ policy eligibility.
If _____ want a replacement for _____ equipment, _____ give me details _____.
Let _____ the telecom equipment which _____ a replacement.
Can _____ me more _____ your _____ for telecom _____?
Can you _____ more _____ about which telecom _____ will _____ for _____ replacement _____?
Detailed _____ which _____ devices _____ a refunds _____ policy _____ be provided.
Tell _____ telecommunications _____ under _____ company's _____ on _____ or replacements.
The _____ of _____ that _____ criteria for refunds _____ be given.
Provide _____ products included _____ the _____ scheme.
Send _____ gear based _____ the terms of _____.
_____ would like _____ which telecom _____ qualify _____ and replacement scheme.
Information _____ the types _____ that _____ organization's _____ for refunds and replacements _____.
Please _____ me what _____ Devices _____ to be _____ Refunds or _____ Policy.
I am wondering _____ me information _____ devices that _____ your organization's _____ of refunds.