



**AST ExpressONE™ and ExeCare Plus  
Warranty Extension and Upgrade  
Order Form\***



Qty	Part Number	Serial Number	Date of Purchase	Warranty Price
Sub Total				
Sales Tax				
Total				

**Please print or type all information**

**Place of Purchase**

Name: \_\_\_\_\_

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ FAX#: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

**End User Information**

Name: \_\_\_\_\_

Company: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Street Address \_\_\_\_\_ FAX# \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

**Method of Payment**

( ) My Check made out to AST Research, Inc. is enclosed.

( ) Charge to my ☐ VISA ☐ MasterCard ☐ American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**\*Prices Subject to Change**

Warranty Registration Department, 1001 NE Loop 820, Ft. Worth, TX 76131 (phone: 800 727-1278, fax: 817-230-5850)  
(WEB EU)