

MemoryTen, Inc.
2800 Bowers Ave., Santa Clara, CA 95051
Phone: (408) 588-0077
Fax: (408) 588-1286
www.memoryx.net

Attn: Accounting Department

Dear Valued Customer,

We are updating our files and our records indicate that we are missing a current copy of your insurance binder. In order to serve you better and help keep your cost down, please 1) complete this form and 2) fax or mail us a copy of your binder.

Yes, we have insurance and attached is a copy of our insurance binder.
Policy #: _____ Expiration Date: _____

No, we do not have insurance. Please charge insurance on all future orders.

If you have any questions, please feel free to give me a call.

Thank you for your help with this matter.

Myra Brace
Accounts Receivable
Tel: 408 350-0362
Fax: 408 350-0355
Email: mbrace@memoryx.com

Please note: All shipments must be made F.O.B. San Jose if you use your own insurance.
In the event of a lost, stolen, or damaged package, you are still required to pay for that package within your agreed upon terms with MemoryTen, Inc.
No exceptions will be made.

Name

Title

Signature

Date

Company