



## VUPS Request for Member Credit

Company Name		Requestor's name	
Member Code(s)		Requestor's Phone #	
Date of Request		E-mail address	

**All of the following questions require an answer to be considered for member credit. Form must be faxed to VUPS at 540-342-8250 Attn: Elaine Roop.**

- 1.) Does your company have special receiving software? Yes  No   
If yes, what kind? \_\_\_\_\_
- 2.) If you using any receiving software, have you contacted your software vendor to check for potential problems? Yes  No
- 3.) Has new software recently been installed? Yes  No  What kind? \_\_\_\_\_
- 4.) At the time the problem occurred, were your system / software fully functional? Yes  No
- 5.) Have you contacted your Information Technology department to see if there were any internal issues (communications, hardware or software)? Yes  No
- 6.) Do you feel more training on remote response would be beneficial? Yes  No   
If yes, Please contact the VUPS Help Desk at 800 552-7001 select option #2.
- 7.) Do you feel this credit is justified due to a problem with (*please check one of the following*)  
Receiving software  VUPS transmission equipment
- 8.) Explain in detail the problem you experienced and your reason for requesting a credit. (*Use a separate sheet of paper if necessary*)

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9.) Number of tickets requesting credit (s) for? \_\_\_\_\_

Requestor's signature \_\_\_\_\_ Title / Position \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**VUPS Use Only:**

Approved  Declined

Reasons:

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CEO Signature: \_\_\_\_\_ Date \_\_\_\_\_

**For Accounting Use Only:**

Credit Number \_\_\_\_\_

Date Completed \_\_\_\_\_