

## OWNERSHIP SWTICH FORM

FULL NAME:	
PHONE:	
EMAIL:	
SIGNATURE:	DATE:
BY SIGNING THIS FORM I AGREE TO THE TERMS AFORM MUST BE DELIVERD WITH THE DEVICE BEF MADE. FAILURE TO DO SO I WILL NOT RECEIVE PA ME. I AGREE THAT AFTER COMPLETION OF PAYIN OF MY DEVICE (INITIALS) I AGREE THA CHARGES SAYING THAT THE DEVICE WAS STOLEN COMPLETION OF THIS FORM I AM GIVING UP MY	FORE PAYMENT BY INW-WORLD WILL BE AYMENT AND DEVICE WILL BE SENT BACK TO MENT INW-WORLD WILL BE THE NEW OWNER AT ONCE PAYMENT IS MADE I WILL NOT PRESSIN, OR LOST AND I WILL NOT SUE. BY
(NAME OF DEVICE)	_ □ IMEI □ SN
(CICNATURE OF INNA MORER) (DATE)	