

EQUIPMENT RETURN FORM

R 08/07/2019

INSTRUCTIONS

- 1. The information to complete this form may be found on your most recent BEC Fiber bill.
- 2. Please complete all blanks. If handwritten, please print legibly.
- 3. Return this form with your BEC Fiber equipment.

BEC FIBER ACCOUNT NUMBER		EQUIPMENT ID # (on Mod	EQUIPMENT ID # (on Modem/Router sticker)		
CUSTOMER NAME (as it appears o	n account)				
CUSTOMER'S PRIMARY E-MAIL A	DDRESS OTHER E-MAIL ACCOUN	T OTH	ER E-MAIL ACCOUNT		
PHYSICAL ADDRESS – STREET #	AND NAME				
		_			
CITY		STATE ZIP			
FORWARDING MAILING ADDRESS	S – STREET # AND NAME				
PLEASE INDICATE ALL ITEMS	S RETURNED:	STATE ZIP			
☐ MODEM ☐ AC AD	APTER USB CABLE ETHER	NET CABLE WI-FI EXT	ENDER: QTY		
IF BEC FIBER HAS QUESTION	NS, PLEASE INDICATE PREFERRED	METHOD OF CONTACT (PI	LEASE CHECK ONE):		
☐ PLEASE CONTACT		MER'S E-MAIL ADDRESS			
☐ PLEASE CONTACT		MER'S PHONE NUMBER			
I understand that my refund	ove equipment is present and d is dependent on correctly filling consible for any/all shipping costs	out this form and on the	modem being in good workin	g condition.	
AUTHORIZED CUSTOMER S	SIGNATURE		DATE		
PLEASE RETURN ALL E	QUIPMENT TO A BEC OFFIC	E OR SHIP THE MODE	EM AND A COPY OF THIS F	ORM TO:	
Bandera Electric Coopera ATTN: BEC Fiber PO Box 667 Bandera, TX 78003	tive N	OTE: ALL ITEMS MUS	ST BE SHIPPED WITH A TRA	CKING #.	
Bandera Office	Boerne Office	Comfort Office	Leakey Office	_	
3172 State Hwy 16 N	1100 N Main St Suite 104	739 Front St.	485 Ranch Rd 337 W		
Bandera, TX 78003	Boerne, TX 78006	Comfort, TX 78013	Leakey, TX 78873		
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COMMENTS	ON FOR EQUIPMENT RETURN:			l ———	
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