



**Addova Notice for Arbitration**

Addova is committed to resolving its customers' disputes in a fair and efficient manner. If you would like to arbitrate a dispute with Addova after expiration of the 60 day dispute period, please provide a description of the dispute, a brief outline of the previous efforts to resolve the dispute, supporting documentation, and a proposed resolution. This notice should be sent to:

Addova, Inc.  
2 Sun Court, Suite 400  
Peachtree Corners, GA 30092  
Attn: Legal Department

**Your Personal Information:**

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

If an in-person hearing is held, the arbitration will take place in the county of your billing address. Please tell us the county and state to which your bills are sent: \_\_\_\_\_  
\_\_\_\_\_

**Your Attorney's Information (Please leave blank if you are representing yourself)**

Attorney's Name: \_\_\_\_\_ Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Briefly explain the nature of your dispute: (Attach additional pages if necessary)**

**How much money do you believe you are owed? If none, leave blank:**

**Do you desire any non-monetary outcome? If no, leave blank:**

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