

*Directions to Technicians and Others working on Lexmark® (Dell® or IBM® equivalent) printers*

The owner of the printer at this facility does not want the firmware changed on any of their Lexmark printers. By signing this agreement you understand and agree on behalf of yourself and your employer that you will not change the firmware on any of the Lexmark, (Dell or IBM equivalent) printers.

Signed: \_\_\_\_\_  
Owner of the Printers

Date \_\_\_\_\_

\_\_\_\_\_  
Technician Name PRINT

\_\_\_\_\_  
Date \_\_\_\_\_  
Technician signature

\_\_\_\_\_  
Employer name PRINT

Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number  
\_\_\_\_\_