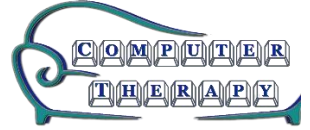


# Computer Service Agreement

- Can fill out online or digitally or print and complete
- **Please remove ALL USB receivers; not responsible for lost wireless receivers**
- Label each item being submitted with name and phone
- Please complete all requested information (**legibly**)

424 Alpine Road  
Moncure, NC  
919-218-8115



<b>Name:</b>		<b>Business Name:</b>	
<b>Street Address:</b>		<b>City:</b>	<b>Zip:</b>
<b>Primary Phone:</b>		<b>Mobile Phone:</b>	
<b>Email address:</b>		<b>Email Password:</b>	
<b>Email App:</b> Outlook	Thunderbird	Webmail	Other:
<b>User Login Password:</b>			
<b>Do you qualify for any of our discount programs?</b>	<b>Senior 65+</b>	<b>Veteran</b>	<b>LEO?</b>
	<b>Teacher?</b>	<b>Nurse?</b>	<b>Fire/Rescue?</b>

## Equipment being submitted for service: *(check boxes/ fill blanks as appropriate)*

<b>Windows Desktop PC</b>	<b>Make and Model:</b>	<b>Cord Inc?</b>
<b>Windows Laptop PC</b>	<b>Make and Model:</b>	<b>Cord Inc?</b>
<b>Apple Desktop</b>	<b>Model/SERIAL #:</b>	<b>Cord Inc?</b>
<b>Apple Laptop</b>	<b>Model/SERIAL #:</b>	<b>Cord Inc?</b>
<b>External Hard Drive</b>	<b>Model</b>	<b>Cord Inc?</b>
<b>USB Flash Drive</b>	<b>Capacity / Size?</b>	
<b>Carry Bag?</b>	<b>Color / Description:</b>	
<b>Software:</b>	<b>Description/Version:</b>	
<b>Is equipment under warranty?</b>	<b>If YES, do you have an original receipt?</b>	
<b>Do you have a current backup?</b>	<b>If NO, do you require us to perform a full backup?</b>	

**Describe in detail the specific issue(s) to be addressed:**

**Describe any incidents prior to the issue *(i.e., new software, hardware, suspicious downloads, power outages, etc)***

Our basic rate is **\$60/half-hour IN-SHOP OR \$70/ half hour ON-SITE (plus travel and/or pick-up/delivery)**. A travel and/or pick-up/delivery charge **will be added for on-site and pickup/delivery**. Please indicate the monetary limit we should adhere to prior to further approval. The **standard minimum is one half hour** (plus travel if / pickup if appropriate). Any portion of a subsequent half hour is billable in 10 minute increments. Every effort is made to minimize your cost but the **technicians do not have the authority to negotiate the pricing structure**. The amount you authorize below should reflect any discussion you may have had with a technician prior to this service. **If not listed, we assume that we are authorized to solve the problem without regard to cost**. We will of course consider the logical / reasonable costs but your limitation and authorization as listed indicate your approval for service. Acceptable forms of payment are cash, personal or business check, Money Order, Venmo or Credit Card / PayPal (fees may apply). **MONETARY AMOUNT AUTHORIZED or # of HOURS:**

**DROP OFF:** I hereby authorize Computer Therapy to perform all work necessary to resolve the problem(s) as listed above. I understand that payment is due at time of delivery unless prior arrangements have been made:

**SIGNATURE:**

**DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**PRINT NAME:**