

# The PC Doctor of PA Repair Intake Sheet

Customer Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Email address \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Brief description of problem \_\_\_\_\_

Computer password (please note passwords are case sensitive)

**All parts & repairs must be paid in advance unless otherwise agreed upon. Data backup is an additional fee.**

*Customer must retrieve their computer system within 14 days or, at the sole discretion of The PC Doctor of PA, it will be forfeit to The PC Doctor of PA to recover the costs of services rendered and/or Customer may be charged a storage fee of \$5.00 per day.*

**Customer signature** \_\_\_\_\_

## **Technician Use only**

Detailed description of repair:

Estimated Labor time: \_\_\_\_\_

Labor \$ \_\_\_\_\_

Parts \$ \_\_\_\_\_

Expedite Fee \$ \_\_\_\_\_

Tax \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Parts or Software Needed

PC Type \_\_\_\_\_

RO# \_\_\_\_\_

Operating System \_\_\_\_\_