



Ship to: American Managed IT Services, Inc.
114 W 71st Street, Ground Floor
New York, NY 10023

First Name: _____ Last Name: _____

Company Name: _____ (if applicable)

Physical Address: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Alt Phone#: _____

Email Address: _____

Bill to: _____

Billing Address: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Driver's license or ID #: _____ State: _____

Computer Make/Model: _____

Serial number or Service Tag: _____

Primary Color: _____

Secondary Color _____

Next Page →

Problem Description: _____

I agree to the minimum billing of \$180.00 plus shipping & applicable parts costs, and hourly rate of \$120/hr (including return shipping). I also agree that payment is due before receipt of my property back, and the payment is non-refundable/non disputable:

X

Customer

Date: _____