

Computer Repair Form

American Managed IT Services, Inc.

Customer Information:

Full Name: _____ **(Required)**

Email Address: _____ **(Required)**

Phone #: _____ **(Required)**

Address: _____ **(Required)**

APT: _____ **(Required)**

City: _____ **(Required)**

State: _____ **(Required)**

Zip Code: _____ **(Required)**

Description of Problem **(Required)**

Desired Completion Date: _____

Max Budget for Repair: _____

Agreed Upon Repair Cost: _____

Computer Make _____

Model # _____

Serial #: _____

Operating System & Version: _____

Upfront Deposit Collected: _____ (Non-Refundable/non-disputable)

2nd Deposit Collected: _____ (Non-Refundable/non-disputable)

Final payment Collected: _____ (Non-Refundable/non-disputable)

_____ Initials (I, the customer, agree the payments above are authorized, non-refundable, and non-disputable. I agree to pay 15% chargeback fee for disputing any payments. ALL SALES ARE FINAL! Should payment be reversed for whatever reason, you agree to reimburse American Managed IT Services for the reversed payment, plus and fees, and any applicable legal or collection fees. By signing this document, you agree you are responsible for payment.

I, _____ (Printed Name *REQUIRED), agree to the terms of service specified in this document.

Date: _____

X

Customer
Customer & Cardholder

INTERNAL USE ONLY:

Current Operating System: _____

Processor Type: Intel AMD M1 G Series Other

Please Specify Other _____

Processor Architecture X86 (32-Bit) x64 (64-Bit)

OS Architecture x86 (32-Bit) x64 (64-Bit)