



PC CRISIS, INC.

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SRForm.PDF9
Service Request Forms

____/____/____ Date

****Please Print Clearly****

Company use only.

New Customer: Yes No

Referred By: Angie's List

Yahoo _____

Google _____

Print AD _____

Referral _____

Signage _____

Other _____

Name: _____ (Last, First)

In

Address: _____ (Not P.O. Box)

EST

Address 2: _____ (Not P.O. Box)

City, ST, Zip: _____

Primary Phone: _____ Cell Home Work

Alternate Phone: _____ Cell Home Work

E-mail Address: _____

Computer Make: Dell HP Sony Compaq Toshiba Acer Gateway ASUS
 Apple Other _____

Computer Model: _____ SN or Service Tag _____

Do NOT leave desktop power cords!

Extra Items left: Laptop power supply External Hard drive Customer Laptop Bag

Other Items Left: _____ Software _____

Nature of Complaint

- Blue Screen
- Suspect Virus
- Circular Boot
- Odd sounds
- No lights, No Activity
- Lights No Video
- Other _____

Log on Info

Primary User name: _____

If not sure leave blank.

Primary User Password: _____

This would be the password you use each time you boot the machine to get to the desktop. If you do not use a password leave this line blank.

Description of problem.
