

Computer Service Agreement

- Can fill out online or digitally or print and complete
- Bring form to drop off location
- Please complete all requested information (**legibly**)

424 Alpine Road
Moncure, NC
919-218-8115

103B Short Street
Carrboro, NC
919-218-8115



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

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

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

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:

PRINT NAME:

PICKUP: I acknowledge that I have picked up the equipment as indicated above and accept responsibility for possession of same:

SIGNATURE:

PRINT NAME: