



COMPUTER CHECK-IN SHEET

Customer Name: _____ DATE: ___/___/___

Primary Phone: _____ Alternate Phone: _____

Computer Make/Model: _____

Description of problem/symptoms:

Is there a password to log onto the computer? If yes: _____

Do you need priority service? ___ No ___ Yes (\$35 fee applies)

How did you hear about PJ Networks?

(please circle) Print Ad Radio Web Search Road Sign Car Sign Referral Facebook Repeat Other: _____

Please provide us your e-mail address to receive our weekly blog: _____

PLEASE NOTE: Our diagnostic fee is \$50. This fee covers whatever time is necessary to determine the services needed in order to resolve problems described above. After proper diagnostics, you will be contacted you to provide a verbal quote for costs necessary to repair your computer system. If you decline to have the work performed, then you will pay only the diagnostic fee in order to pick up your computer. Any computer left here for more than 30 days becomes the property of PJ Networks unless other arrangements have been made. A \$35 returned check fee will be charged for any check not honored by the customer's bank.

(Customer Signature) (Date)

-----Internal use only-----

Invoice #: _____ Invoice Amt: \$ _____ Engineer: _____ Check # / CC Approval code: _____

Paid Date: ___/___/___ ___ Cash ___ Check ___ Visa ___ MasterCard ___ Discover ___ AMEX

REC'D in QB by: _____ QB REC'D date: ___/___/___