9840 Westpoint Drive
Suite 250
Indianapolis, IN 46256
(317) 774-2480
support@4Dsupport.com

PC Depot / DROP OFF

CLIENT DROP OFF

Client Name:_____

Company:_____

Phone #: _____Alt. Phone #: _____

Address: _____

Email: _____

Start Time (Ex. 9:00 AM)	Stop Time (Ex. 10:00 AM) (Leave Client)	Total Hours (Ex. 1.5 Hours) (0.5 Hour Increments)	Diagnosis Call back by (date & time)	Technician
: (AM)(PM)	: (AM)(PM)	.	/ / : (AM)(PM)	
: (AM)(PM)	: (AM)(PM)	.	/ / : (AM)(PM)	
: (AM)(PM)	: (AM)(PM)	.	/ / : (AM)(PM)	

Brief Problem Description:_____

Technician Notes: _____

Client Notes/ Requests:

IMPORTANT NOTICE:
Drop-off signature indicates acceptance that 4D Support, hereby disclaims any and all responsibility or liability which may be asserted or claimed arising from or claimed to have arisen from the corruption or loss of data, programs, documents, materials, or any and all information stored in memory which may occur during any service or repair or may have been caused by a computer virus. It is the customers responsibility to make sure data is backed up prior to service or repair. Pick-up signature indicates acceptance of satisfactory completion of service and acceptance of additional charges including the responsibility for payment of all actual service time charges.

Technician: _____ ___/___/___ **Customer:** _____ ___/___/___