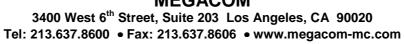


MEGACOM





COMPUTER/NETWORKING SERVICE & REPAIR ORDER FORM

	CUS	TOMER	INFORMATIC		SYSTEM INFORMATION			
Compa	ny Name:	JI O IIII EIK			VENDOR:			
Street Address:				MODEL:				
City, State, ZIP:					SERIAL#:			
Contact Name:					Warranty Perio	od?		
Phone #:					PURCHASE DA	TE:		
Fax #:					FAILED DATE:			
2nd Phone #:					EMAIL ADDRE	SS:		
		** From Notebooks to Networking Since 1993 – Celebrating our 18 th Anniversary! **						
Receive	ed With:							
Sympto Descrip	m/Problem otions:							
Service Performed:							Received By:	
							Serviced By:	
SERVICE RATES	SERVICE		RATE	HOUR	TOTAL	REMAI	REMARK	
	Bench Service / Peripheral Installation		\$75.00/hour				the maximum service charge will not exceed \$150.00 2 hour) regardless of additional service hour.	
	On-Site Desktop PC Service/Support		\$125.00/hour				50.00 minimum service charge per service incident quest regardless of actual service hour.	
	On-Site Networking / Server Systems		\$150.00/hour			\$200.00 minimum service cha server related service requests	00.00 minimum service charge per networking or rver related service requests.	
	TOTAL PA (Add 8.75% CA S		_	\$				
	TOTAL DUE:		UE:	\$		All charges are based on COD – no exceptions!		
Note: Additional charge may incur for an exceptional case with prior discussion and agreements with customer.								
Limitation of Liability: All services are based on and covered by MEGACOM's terms of standard warranty and policy. By signing this form, you hereby agree that the terms and conditions set by MEGACOM are binding. Customer payment will be required for service or parts provided out of corresponding manufacturer's warranty coverage. Customer agrees to remit payment for the full amount of the invoice to MEGACOM upon completion of service. Customer furthermore agrees that customer is responsible for maintaining complete and valid backup of data and MEGACOM and its employees will not be held responsible for any loss of use, revenue, profit, productivity, business record, and any unforeseen damage that may result from obtaining the service through MEGACOM. I/We have read above policy and fully understand and agree with the terms specified. We agree to pay								
total amounts due upon completion of service and fully agree to the terms specified in all invoices.								
Cust	omer Name	:		Signed:		Date		
Microsoft Certified Professional Microsoft Small Business Specialist Rev.07/2011								