

# Parallax Computers

## System Repair Form

System Identification #: \_\_\_\_\_

First Name: _____	System Backup Requested? ( Y / N ) (System backup cost: \$50 + \$1/GB over 4GB)
Last Name: _____	Peripherals brought in with system:
Phone #: _____ Cell #: _____	<input type="checkbox"/> Bag
Email: _____	<input type="checkbox"/> Mouse
Address: _____	<input type="checkbox"/> Keyboard
	<input type="checkbox"/> CD's (# of: _____)
	<input type="checkbox"/> Cord/AC adapter
	<input type="checkbox"/> Other: _____
System Model / Description:	Other Notes: _____
	_____
	_____
Problem(s):	_____
	_____
	_____
	_____
	_____
Software Encountered In (if applicable):	Other people authorized to pick up this system?
	_____
If Format Necessary, Back-Up? ( Y / N ) ( We will back up the My Documents and Desktop Folders)	By signing, you authorize repair on this system and release Parallax Computers from any liability for data, time, hardware damage, or other incidental costs.
Special Other Data To Back Up?	Customer Signature: _____
	Date: _____
	_____