

ORDER INFORMATION

FOR ORDER NO.	TECHNICIAN	DATE
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CLIENT INFORMATION

FIRST NAME	MI	LAST NAME
ADDRESS		
CITY	STATE	ZIP CODE
PHONE	EMAIL ADDRESS	

PARTS RECEIVED

<input type="checkbox"/> Desktop	<input type="checkbox"/> Laptop	<input type="checkbox"/> Netbook	<input type="checkbox"/> All-in-One	<input type="checkbox"/> Server
<input type="checkbox"/> Keyboard	<input type="checkbox"/> Power Cord	<input type="checkbox"/> OS Disk	<input type="checkbox"/> Software Disk	<input type="checkbox"/> PC Component
<input type="checkbox"/> Mouse	<input type="checkbox"/> USB Device	<input type="checkbox"/> (Other)		

COMPUTER DESCRIPTION

PHYSICAL DESCRIPTION

BRAND	MAKE	OVERALL CONDITION
MODEL	COLOR	
PRODUCT KEY		
USERNAME	PASSWORD	
USERNAME	PASSWORD	
USERNAME	PASSWORD	
USERNAME	PASSWORD	

INITIAL ASSESSMENT

INITIAL OBSERVATIONS

Power to PC	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Untested	
Video Displays	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Untested	
Boots to OS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Untested	
Error Messages	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Untested	

TECHNICIANS NOTES

SIGNATURE:

DATE: