THE BEST GEEKS

Our goal is to provide the BEST Customer Service Experience of your lifetime!

Toll Free 800.642.9397

CUSTOMER INFORMATION

Customer Type: ☐ Home ☐ Business ☐ Home Office ☐ Service Contract

Company Name _____

Contact Name _____ Phone _____

E-mail _____

Address _____

City _____ State _____ Zip _____

Preferred Method of Contact: ☐ Email ☐ Phone

VISIT INFORMATION

Date ____/____/_____

Consultant _____

Arrive Time _____ AM / PM

Depart Time _____ AM / PM

Work Start Time _____ AM / PM

Work End Time _____ AM / PM

How did you find us?

☐ Web

☐ Phone Book

☐ Referral

Name _____

☐ Other _____

INTERVIEW - NO CHARGE

For me to feel that this has been a successful service call _____

_____

_____

My computers are used for the following business purposes _____

_____

_____

CHECKLIST

	Current	After The Best Geeks
Network Secure		
Security Package		
UPS/Surge Protector		
Data Backup		
Disaster Recovery		
Data Organization		
Email (Pop3, IMAP, Exchange)		
Phone Integration		

COMPUTER CHECKLIST

Computer	User	RAM	HD	Proc.
1				
2				
3				
4				
5				

This is just ONE of the things that sets us apart from the competition!

FINE PRINT

By my initials here, I agree to the terms and conditions on the back of this invoice, including the limted 15 day guarantee. Further, I authorize The Best Geeks to perform all work necessary to resolve the issues with my computer, including but not limited to all hardware, software and peripheral equipment. In no event is The Best Geeks liable for any loss of data, direct, indirect, special, incidental or consequential losses and or damages.

Initial Here

TAXABLE LABOR DESCRIPTION	AMOUNT
Total Taxable Labor	

NON-TAXABLE LABOR DESCRIPTION

Service Contract Interest: ☐ Yes ☐ No

Total Labor: _____#Quarter Hrs x_____/hour =

QTY	DESCRIPTION OF PARTS	UNIT COST	TOTAL COST

METHOD OF PAYMENT

☐ Check # _____ Auth: _____ ☐ Cash
(Returned check fee may apply)

☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

CC#: _____

Exp.: _____ CVC: _____ Auth.: _____

Billing Name: _____

Billing Address: _____

City _____ ST ____ Zip _____

Parts Total	
Labor Total	
Trip Charge	
Service Contract	
Taxable Subtotal (Parts + Tax Labor)	
Sales Tax	
Invoice Total ☞	

Signature:X _____ **Date:** _____

With my signature, I acknowledge the satisfactory completion of the work described above and consent to the terms and conditions contained on the front and back of this invoice.

Comments about your service today _____

_____

Someone you know who owns a Small Business _____

_____