



Break-Fix Onsite Visit

14074 Trade Center Drive; Suite 107
Fishers, IN 46038 (317) 774-2480

Client (customer):	
Actual Service Date:	
Technician Name:	
Check in with Client Contact (name):	

Start Time (Ex. 9:00 AM) (Arrive at Client)	Stop Time (Ex. 10:00 AM) (Leave Client)	Total Hours (Ex. 1.5 Hours) (0.5 Hour Increments)	Date Onsite
: (AM)(PM)	: (AM)(PM)	. Hours	__/__/__
: (AM)(PM)	: (AM)(PM)	. Hours	__/__/__

Problem Reported: _____

Client Issues: _____

Client Notes/ Requests: _____

Note:
 Signature shall indicate acceptance of satisfactory completion of service call and acceptance of additional charges including the responsibility for payment of all actual service time. 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. It is the customers responsibility to make sure data is backed up prior to service or repair.

Technician: _____ / ____ / ____ Customer: _____ / ____ / ____