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Date: ____/____/____
 Company: _____
 Name: _____
 Address: _____

 Phone: _____
 Mobile: _____
 Fax: _____
 Referred: _____
 Email: _____



Performed by: _____
 Recorded by: _____
 Action to Take: _____

Computer Name: _____
 User Name: _____
 Make/Model: _____
 System Tag/SN: _____
 Date Purchased: ____/____/____
 Warranty Ends on: ____/____/____
 Operating System: _____
 Hard Drive1: _____ GB (_____ free)
 Hard Drive2: _____ GB (_____ free)
 Memory (RAM): _____ MB/GB
 Memory Upgrade? _____ GB (\$ _____)
 Backup: Local / Remote / None
 Last Backup Ran: ____/____/____
 LogMeIn installed? YES / NO, CUST DECLINED
 Startup Processes: _____
 Antivirus: AVG / KAV / _____
 Antivirus Expires: ____/____/____
 Maintenance Term: Month / Quarter / Bi-Annual
 Prepaid Plan: 10-hours (10%) / 20-hours (15%)

Technician Notes: