

DATE ARRIVED	TIME
/ /	: :

PLEASE READ

MINIMUM INSPECTION FEE OF \$ 120.00 will apply to the first 45 minutes of all service requests. Labour will be charged at the rate of \$ 40.00 for each 15 minutes of service after our initial inspection. **NO MAXIMUM CHARGE IS IMPLIED** and in the case you would like to limit the repair costs, you must specify this limit in the appropriate section below. Where no limit is specified by the customer, our technician will contact you only when they believe reasonable costs (at the technician's discretion) are likely to be exceeded.

Where our technical staff believes that the item to be serviced is not economic to repair, we will attempt to contact you and suspended any further work until repairs are authorized by you.

By completing this form the customer also agrees to pay all costs associated with the work performed as requested on this form.

Customers will be bound to our regular terms of trade, including both our Disposal of Uncollected Goods and Retention of Unpaid Goods clauses as published on our website at <http://www.macro.net.nz/terms.asp>.

CUSTOMER CONTACT DETAILS	ITEM TO BE SERVICED	
NAME (REQUIRED)	MAKE	YEAR
ADDRESS (REQUIRED)	MODEL	PROCESSOR (Intel / M1 / M2)
	SERIAL #	
SUBURB / CITY	APPLE ID	
PRIMARY PHONE	APPLE PASSWORD	DEVICE PIN
ALTERNATE PHONE	DEVICE PASSWORD REQUIRED	
EMAIL ADDRESS	URGENT THIS JOB WILL BE PLACED IN TO A HIGH PRIORITY QUEUE A \$ 50.00 FEE WILL APPLY IN ADDITION TO OTHER COSTS	

INSURANCE	REPORT TO	OUTCOME
CLAIM REFERENCE	EXCESS	<input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Reject

WHAT IS WRONG WITH YOUR DEVICE

Failure to sign this panel will result in delays to the commencement of this service request.

Consent to perform work as detailed herein. Customer's acceptance of terms of trade.	REQUIRED Customers or Agents Signature REQUIRED AT TIME OF REQUEST
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GOODS RECEIVED FROM CUSTOMER		
<input type="checkbox"/> Computer <input type="checkbox"/> Power Cables <input type="checkbox"/> External Hard Drive <input type="checkbox"/> Charger <input type="checkbox"/> Data Cables <input type="checkbox"/> USB Flash Drive <input type="checkbox"/> Bag <input type="checkbox"/> System discs <input type="checkbox"/> Mobile Data Device	OTHER ITEMS	

Limit Repair Costs Or advise when likely to exceed the stated value.	<input type="checkbox"/> Estimate <input type="checkbox"/> Confirm \$	COMPLETED / / @ :	INVOICE REFERENCE <input type="checkbox"/> PRINT <input type="checkbox"/> EMAIL
	<input type="checkbox"/> Quote <input type="checkbox"/> Accept <=	CUSTOMER CALLED / / @ :	\$

JOB CODE

FIXED CELL SPOKEN TO VOICEMAIL TXT

2301041

TECHNICIAN	NOTES		OS BEFORE	AFTER	
			RAM BEFORE	AFTER	
			STORAGE CAPACITY	<input type="checkbox"/> SSD	FREE SPACE
			FILE SYSTEM		
<input type="checkbox"/> Non disclosure <input type="checkbox"/> Post cleanup		<input type="checkbox"/> ENCRYPTED <input type="checkbox"/> HFS+ <input type="checkbox"/> APFS <input type="checkbox"/> NTFS			
07:00am					
	15				
	30				
08:00am	45				
	15				
09:00am	30				
	45				
10:00am	15				
	30				
	45				
11:00am					
	15				
	30				
12:00pm	45				
	15				
1:00pm	30				
	45				
2:00pm	15				
	30				
	45				
3:00pm					
	15				
	30				
4:00pm	45				
	15				
5:00pm	30				
	45				
6:00pm	15				
	30				
	45				
7:00pm					
	15				
	30				
8:00pm	45				
	15				
	30				
	45				

Parts supplied Serial numbers recorded Parts Date Stamped

JOB CODE