

ZCS TECH SHOP REPAIR FORM

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Laptop Model: \_\_\_\_\_

Laptop Brand: \_\_\_\_\_

Laptop Serial Number: \_\_\_\_\_

Describe the problem and symptoms:

The above information we'll be used to contact you in case we have any additional questions. Remember that we will not charge you unless the laptop has been fixed.