



Hi-Tech Enterprises, Inc.

Fax: 502.863.9591

Request for Service

Customer Name:	
Customer Address:	
Customer Phone:	
Alternate Phone:	
Service Requested by:	
	<i>(please list full name and position with the company)</i>
This service is for:	<input type="checkbox"/> Add/Move/Change to System <input type="checkbox"/> Repair or Trouble Shooting
	<i>(please check one)</i>

Our Request for Service is for our: *(please check one)*

<input type="checkbox"/>	Phone System, Voicemail or Individual Telephones
<input type="checkbox"/>	Computers, Printers or other Data Equipment
<input type="checkbox"/>	Camera, DVR, TV or other Video Surveillance Equipment
<input type="checkbox"/>	Cabling or Fiber Optic Cabling
<input type="checkbox"/>	Fax Machine
<input type="checkbox"/>	Phone Line
<input type="checkbox"/>	Other (please list)

Description of Problem: Please list the problem in the space provided below with as many details as possible.
