

Computer Care Center Inc.

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GLOUCESTER ONT. K1J6X7
613.742.7233(Tel) 613.742.5008 (Fax)
<http://www.computercare.ca>



Repair Ticket Request

Required

Email Address _____

Full Name _____

Billing Address _____

City _____

Province/State _____

Postal/Zip Code _____

Country _____

Phone Number _____

Optional

User Name _____

Alternative Phone # _____

Please Note

Registered users please indicate your username, and leave the required fields blank. If this is your first order, please indicate a desired username and our support personnel will register an account on your behalf. Be sure to add *@computercare.ca to your safe list to avoid our email being filtered to the spam box.

Product Specifications	Problem Details
Item:	
Shipping:	
Accessories:	
Model #	
Serial #	
Problem:	
Other:	
Computer Care is not responsible for any lost accessories NOT listed in this form. Please check the repair FAQ (http://www.laptoprepair.ca/marketplace/faq.php) for commonly asked questions	

Date _____

Authorized By _____

I have had the opportunity to review the terms & conditions on www.computercare.ca governing use of this form and hereby consent to those Terms and Conditions.