

PO Box 31
Malvern, PA 19355
Tel: 610.996.4200 • Fax 610.707.2157

DominoEffect.Net

Work Authorization Form

Please complete the entire form and be as descriptive as possible. Any details left out or not stated herein will be construed as a new order and may not be performed during this tasking order.

Person/Company Name:	Best Contact Phone:
Make/Model:	S/N:
Regular/Rush Service:	Date Dropped off for work to be done:
Method of Payment:	Date Paid:
Date to be Completed:	Date Delivered to Client • Picked Up by Client:

New Work **Upgrades** **Additional Work** **Warranty Work** **Call Back** **Need Signed**

Description of Work Requested:

Please use other side of form if additional space is required.

Parts / Supplies • Requested / Needed:

Please use other side of form if additional space is required.

IMPORTANT: In order to access certain aspects of your PC or Computer, you will either need to temporarily disable your Administrator User Name and Password, or provide it below:

YOU, the undersigned, acknowledge receiving a copy of this form and that YOU state full ownership of, and legal authorization to release, the Device(s) listed above. YOU also state said Device(s) come to DominoEffect.Net willingly and free of lien or claim, to do with as requested above or as needed to conduct any inspection of, or repair to. It is further agreed, YOU fully authorize DominoEffect.Net, its agents, assigns, or representatives to retain such Device(s) until complete payment or reimbursement is received from YOU for any and all additional products or components installed, tested, or replaced by DominoEffect.Net. In addition, YOU hereby authorize DominoEffect.Net to retain any and all listed items and devices that are not fully paid for or if such Device(s) are not picked up by YOU or YOUR authorized agent within three (3) days of the "Date to be Completed", unless otherwise stated herein.

Date Signed: _____ Print Name (clearly): _____

Authorized Individual/Owner: _____
(Signature required)