



Drop off Location (circle):
Cartridge World OSU
Cartridge World Grandview
Tom and Jerry's Auto Service
NMP Consulting

Laptop Repair Intake Form
(required fields marked with *)

*Date _____

*First _____ *Last _____

*Address 1 _____

Address 2 _____

*City _____ *State _____ *Zip _____

*Phone _____ Alt. Phone _____

*Email _____

*Preferred contact method: Phone Email

Laptop *Brand _____

*Model _____

*Serial _____

AC Adapter Restore CDs included

Other Included _____

OS/Other Passwords (Please Specify): _____

*Problem Description: _____

*Cosmetic Condition of Laptop: _____

After diagnostics, we will contact you via your preferred method (listed above), provide pricing information, and request an authorization for repair and credit or debit card info.

Signature _____

I certify that I am 18 years of age or older as of the date listed above