

Peachtree On-site Installation / Service Request Form

Date Requested : _____

Product First / Pro / Complete / Premium
Premium ACE / MFG / DST / NFP / CON

Serial No. : _____

Version _____ (Single / Value Pack)

Cust. ID. : _____

Reg. No. : _____

Company Name _____

Address _____

Contact Tel. No. _____ Contact Person _____ Fax No. _____

To be filled out by Peachtree service technician

****** Installation Service ******

Installation service _____ machines installed Domain / Workgroup _____

Computer #1 / RAM _____ Computer #2 / RAM _____

Computer #3 / RAM _____ Computer #4 / RAM _____

Computer #5 / RAM _____ Server Name / RAM _____

Program Path _____

Data Path _____

Mapped Drive _____

Build No _____ Release _____

Data Folder _____

Remarks _____

****** Data Verification / Conversion / Recovery Service ******

Problem _____

Data Folder _____

24-month GL Report runs successful YES / NO, error : _____

Service Completed _____

Unsolved _____

Case Closed Yes / No Follow Up : Reply by phone or e-mail / another appointment

Serviced By _____