Reoccurring Contract Support

4D SUPPORT INC.
Business Technology Made Simple

9840 Westpoint Drive; Suite 250
Indianapolis, IN 46256 (317) 774-2480

Client (customer):	
Actual Service Date:	
Technician Name:	
Check in with Client Contact (name):	

Start Time (Ex. 9:00 AM) (Arrive at Client)	Stop Time (Ex. 10:00 AM) (Leave Client)	Total Hours (Ex. 1.5 Hours) (0.5 Hour Increments)	Date Onsite
: (AM)(PM)	: (AM)(PM)	. Hours	___/___/___
: (AM)(PM)	: (AM)(PM)	. Hours	___/___/___

Maintenance Work:	*Time Spent (min)*	*NOTES*
Review Event Logs on Server:		
Review Backup & History log on Server:		
Check Exchange Manager (space and logs):		
Windows Updates and Security :		
Check Virus logs and Virus Update logs:		
Check Physical location and condition:		
Clean Cache and Temp. Files:		
Check Backup Tape condition - run tape cleaner:		
Check battery backup condition:		

Client Issues: _____

Client Notes/ Requests:

Note:
Signature shall indicate acceptance of satisfactory completion of service call and acceptance of additional charges including the responsibility for payment of all actual service time. 4D Support, hereby disclaims any and all responsibility or liability which may be asserted or claimed arising from or claimed to have arisen from the corruption or loss of data, programs, documents, materials, or any and all information stored in memory which may occur during any service or repair. It is the customers responsibility to make sure data is backed up prior to service or repair.

Technician: _____ ___/___/___ **Customer:** _____ ___/___/___