



DESKTOP COMPUTER

'REQUEST' FORM

Please carefully complete this form and return it, along with the other forms attached, in person or by mail as soon as possible.

All information is treated confidentially

CUSTOMER DETAILS (The **customer** is the person who will use the computer)

Surname: First name: Date of birth:

Address:

Town/suburb: Post Code

Phone Fax or mobile Email

To avoid any delays please give us the best day/s and time/s to contact you.
Day: **Time:**

Q2. What is the most effective way for us to communicate you?
 Phone Fax Letter TTY Email (tick all applicable)
 Comments:

Q3. What do you need the computer for?

Q4. What type of software do you intend to use?

Q5. Do you prefer a Tower (upright) or Desktop (laying down) computer? (Subject to availability)

Q6. Do you have Internet access? (Dialup or Broadband & Internet Service Provider?)

Q8. Indicate how the computer will be transported:-
 1 way transport \$40 Installation \$40 by customer pickup by courier (tba)

REFEREES (Please provide the contact details of a referee)

Name:

Address: Phone:

I hereby confirm the above details, Signed: Date: