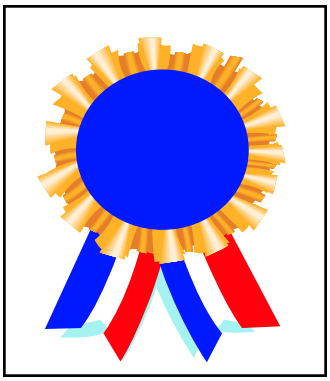

CUSTOMER ASSISTANCE FORM
BLUE RIBBON SERVICE
from RIGHT ON PROGRAMS

Please fill out this form and either fax it to us or email it to us.
Give us as much information, as much detail, as possible.

WE MUST HAVE THIS FORM BEFORE SERVICE CAN BE PROVIDED!

Type or print clearly. FAX to 631-424-7207 or email to friends@rightonprograms.com

YOUR NAME_____

email_____Phone # _____

Organization_____FAX_____

Address_____City_____State____

PROGRAM NAME_____Single User?____ NETWORK ?_____

Program purchased from_____Date_____

COMPUTER BRAND_____PRINTER_____

Windows Version_____(98, 2000, XP, VISTA, Windows 7 version etc.)_____

If Networked....Name of Network _____

*SERIAL NUMBER (from CD label*_____*BLUE RIBBON ACCOUNT #*_____

*BEST TIME TO REACH YOU*___*(Day, Time?)*_____

Was the program operating properly before the problem arose?_____

Please give us your query in the greatest possible detail._____

_____

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_____Need more space, add a blank sheet.)