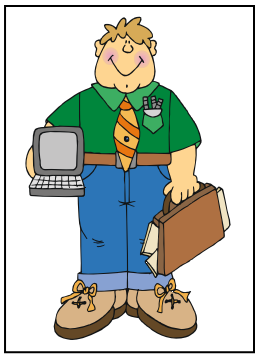

BLUE RIBBON CUSTOMER ASSISTANCE FORM
from RIGHT ON PROGRAMS
FAX to 631-424-7207

Please fill out this form and fax 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.

Name: _____

Phone: _____ Fax: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Best days / time to reach you: _____

Program Name: _____

Circle One: Single User / NETWORK ID# Number (from CD label): _____

Blue Ribbon Account Number: _____

Program purchased from: _____Date: _____

Computer Brand: _____ Printer: _____

Windows Version (e.g. 98, 2000, NT, XP): _____

Was the program operating properly before the problem arose? _____

Please explain your question in the greatest possible detail…

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Need more room? Add a blank sheet.