A+ SUPPORT TEAM

FaxBack Request

405-840-3879

Customer Serial # _____ **Date** ____/____/____

Customer Name _____

Contact Name _____ **Best time to call** _____**CST**

Email _____

Work (_____) _____
Home (_____) _____
Fax (_____) _____

Preferred Response ☐ **Telephone** ☐ **Email** ☐ **Fax**

Program ☐ **A+nywhere Learning System (v3.0)** ☐ **A+dvanced Learning System (v2.x)**

Support Pkg. ☐ **Gold** ☐ **Diamond** ☐ **Emerald** ☐ **Ruby** ☐ **Sapphire**
☐ **Green** ☐ **Red** ☐ **Blue**

Support # _____

Computer Specs & Information

☐ **Windows**

☐ **Macintosh**

☐ **Not Networked (Stand-alone Only)**

Server **Processor** _____ **OS** _____
Memory RAM _____ **Free HD** _____

Wrkstn **Processor** _____ **OS** _____
Memory RAM _____ **Free HD** _____
 # Workstations _____

Please describe the problem (be as detailed as possible)

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