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Work Order

Client Name:				Date:	
Address:					
Phone #:					
E-mail:					
Device Type:					
Model #:					
S/N:					
Username:					
Password:					
Issue:					
Resolution:					
Payment:	<input type="checkbox"/>	COD	<input type="checkbox"/>	BILLED	
Subtotal: \$		Tax (9%): \$		Surcharge (2.5%): \$	TOTAL: \$

Authorization

Name

Signature

***Payment Terms**

Residential Clients: COD \$75/hr & ½ hour increments

Business Clients: Billed Non-managed Services \$75/hr & ½ hour increments and Managed Services \$60/hr & ½ hour increments

**Credit/Debit Cards have a 2.5% surcharge*