Datafaction
Specialized Accounting Solutions

The DataFax Support Request Form

When received, this form will be logged as a support call. Please print or type this form. No cover sheet is necessary.
Fax to: **ATTN: Support Department**
Fax Number: 323.291.3111

Sender Information	**Client Information**
Your Name _____	**Client Code** (in menu) _____
Your Firm _____	**Logon/Account** _____
Your User ID _____	**Password** _____

Package (GL, PR, etc.) _____ **Command or Menu Name & Choice #** _____

Complete Description of Problem _____

_____

_____

_____

_____

Additional Information, only as applicable:

Report Date(s): _____ Empl. #_____

Journal #_____ P/E Date _____

Bank #_____ PR Code _____

Check # _____ Check Date _____ Queue_____

Void Date _____ Device _____

Vendor _____ Printer Type_____

Invoice # _____ G/L Acct #(s) _____

Error Msg._____