



Integrated Solutions Limited
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Service Request Form

Company Name: _____

Date: _____

Contact Person: _____

Total Pages: _____

Tel. No.: _____

Fax No.: _____

Attn. ISL Consultant: _____

Product Name: _____

Version: _____

Module Name: _____

Platform: UNIX/NT/Novell/DOS

X-Connect: Y/N

Function ID: _____

Brief Description of Problem:

Prepared by: _____

For ISL use

ISL Reference: _____

Log No.: _____

Action Taken:

Action Taken By: _____

Date: _____