



By accepting this work order you agree to complete this form, including the site manager's signature, and return it to us in order for us to meet our customer's billing requirements. Your return to us of completed paperwork is a critical element in our timely payment to you for services rendered.

**CUSTOMER**

Customer : Wal\*Mart Stores Inc.

**Tech to be OnSite Before :** 1/20/2021 5:00:00PM EST  
(See Trip Info Section Below)

Site : Supercenter #1403

Address : 250 FURNITURE DR  
CORNELIA, GA 30531

Requested By : GuestX\_Walmart

Customer Order #: INC20000842

City,State - Zip : CORNELIA , GA - 30531

Problem Code: 5801 WM - Cabling/Jack Issue Data

Corner Addr :

Phone : 706-778-0353

**CROSSCOM INFORMATION**

Contact :

Log in and out via IVR 1-800-820-9229

Question Call : 1-800-820-9229

Fax D &amp; A to 1-800-933-5538

Team : Blue

Dispatcher Notes :

**BRIEF STATEMENT OF WORK & COMMENTS**WM - Cabling/Jack Issue Data - UPC-3 Gi1/0/3 to UPA NIC - Open pairs  
CABLING TECH NEEDED

Need a tech on site to validate cabling from upc-3 port Gi1/0/3 to the UPA NIC, cable test shows two open pairs. The Technician will need to provide the switch and port information.

Tech MUST have cable certifier with printable results

Tech MUST be prepared to run cabling as needed; Will Need To Provide Reason For Pull PRIOR to pulling

Tech MUST have standard troubleshooting tools

**TRIP INFORMATION**

<u>Arrival Date</u>	<u>Arrival Time</u>	<u>TimeZone</u>	<u>TripDescription</u>	<u>NoOfTechs</u>
01/20/2021	05:00 PM	EST	Service	1

**TECHNICAL NOTES**

Site Contact: Manager on Duty

Type of Rate for the First Trip: Standard Rates

Travel Charge for the First Trip: 65 FLAT

Return Trip is Standard Rates

\*\*\* PLEASE DO NOT CALL NCR OR THE NOC DIRECTLY UNLESS AUTHORIZED BY CROSSCOM



\*\*\* ANY CALLS PLACED TO NCR OR THE NOC REQUIRE A BRIDGE FROM CROSSCOM

Only one (1) tech is approved for this work order

\*\*\* IF PARTS HAVE BEEN SHIPPED TECH MUST CONFIRM PARTS ARE ON SITE WITH THE BLUE TEAM BEFORE ARRIVING TO SITE \*\*\*

\*\*\* The technician must send all defective or unused equipment back with the provided Prepaid Return Label\*\*\*

The technician needs to Log In/Out via the CrossCom IVR 800-820-9229. Also MUST speak with a CrossCom Technical Service Representative BEFORE LEAVING SITE upon logging out. Failure to do so may result in nonpayment.

1. LOG IN/LOG OUT with CrossCom Service at 800-820-9229
2. LEAVING SITE technicians MUST log out while on site no exceptions
3. MANAGERS NAME must be obtained prior to logging out with CrossCom
4. LEC ISSUES are to be reported to the LEC by the On Site Technician
5. PROGRAM CHANGES are not to be made without corporate approval
6. PARTS SHIPPED technician MUST call CrossCom to verify parts are on site before dispatching

EXPECTATIONS:

DO NOT EXCEED 60 MINUTES YOU MUST CALL CCN FOR AUTHORIZATION OF ADDITIONAL TIME

Failure to update may result in a short pay.

Field Service Representatives must upload the completed work order prior to leaving site with manager's signature to the vendor portal at [www.mycrosscom.com](http://www.mycrosscom.com) PRIOR TO LEAVING SITE. Failure to upload paperwork in a timely manner may result in Non-Payment.

DO NOT complete any additional work on site without approval from CrossCom.

Please clean up any mess you make, this includes cables, jack, packing materials and boxes.

\*\*\*Do Not Leave a Mess\*\*\*

**MATERIAL ON ORDER**

<u>Part Number</u>	<u>Part Description</u>	<u>Provided By</u>	<u>Quantity</u>
NONE			

**SPECIAL TOOLS**

<u>Tool Description</u>	<u>Provided By</u>
NONE	

**OPTIONAL ITEMS**

Note : Confirm with CrossCom before performing any of these activity.

<u>Description</u>	<u>Quantity</u>
NONE	



TECHNICIAN DATA

Trip #	Date	On-Site At	Off-Site At	_____
_____	_____	_____	_____	Manager Signature
				_____
				Manager Printed Name
Description of Work:				Additional Trip Required? Yes / No
_____				
_____				
_____				
Customer Abuse (Circle): Yes No Explain: _____				

Trip #	Date	On-Site At	Off-Site At	_____
_____	_____	_____	_____	Manager Signature
				_____
				Manager Printed Name
Description of Work:				Additional Trip Required? Yes / No
_____				
_____				
Customer Abuse (Circle): Yes No Explain: _____				

COMMENTS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

_____	_____	_____	_____
Manager Signature	Date & Time	Technician Signature	Date & Time



March 23, 2020

SUBJECT: COVID-19 VIRUS (Essential Worker)

To Whom It May Concern,

I am actively employed by CrossCom National, LLC, as a technician and responsible for the repair, service and maintenance of technology equipment inside retail stores. We serve supermarkets, pharmacy chain stores, and other essential retailers. Those retailers we support, include, but are not limited to the following and their associated brands:

- |              |                       |
|--------------|-----------------------|
| - Target     | - Rite Aid            |
| - Costco     | - Food Lion           |
| - Albertsons | - Hannaford           |
| - Safeway    | - Dollar General      |
| - Kroger     | - Family Dollar       |
| - Sam's Club | - AutoZone            |
| - Walmart    | - Advanced Auto Parts |
| - Walgreens  |                       |

We are considered essential as we support critical services within our customer base that allow these essential retailers' IT infrastructure, Alarm Systems, and Telecommunications Infrastructure to remain functional and in good working order. If there are any questions or concerns related to my working during this time or during any future "shelter in place" action within this location, please contact my employer representative, Ken Miller (Director, Field Services) at (847) 850-6298 (Direct) or (847) 903-7996 (Cell).

CrossCom  
900 Deerfield Parkway  
Buffalo Grove, IL 60089

847-520-9200  
847-419-4884

[www.crosscom.com](http://www.crosscom.com)