



PO Box 2111, New York, NY 10163 212-557-4656 / Fax 212-557-5780

SERVICE CONTRACT TERMS & CONDITIONS

DATE: _____

CUSTOMER BILLING NAME & ADDRESS

SERVICE LOCATION

In exchange for telephone, remote access, and/or on-site technical support I agree to pay EGADS Computer Corporation according to the rate schedule and payment terms listed below.

RATES

Level I and Level II Support

SERVICES	TELEPHONE & REMOTE ACCESS	ON-SITE
Wireless/Wired Network Setup IP Printing Configuration PC Setup and Configuration Peripheral Setup	\$50 per hour 15 minute minimum Billed in 15 minute increments	\$75 per hour * One hour minimum per visit Travel time additional **

Level III Support

SERVICES	TELEPHONE & REMOTE ACCESS	ON-SITE
Server Setup Router/VPN/Firewall Setup Broadband Phone System added to existing network	\$90 per hour 15 minute minimum Billed in 15 minute increments	\$125 per hour * One hour minimum per visit Travel time additional **

* Rates are for normal business hours (Monday to Friday, 9AM to 5PM, excluding holidays). Outside these hours, the rate is time and a half.

** Travel time is billed at the same rate as the on site service.

PAYMENT

CHARGE MY CREDIT CARD.

I WILL PAY BY CHECK. PURCHASE ORDER IS ATTACHED.

I authorize EGADS Computer Corporation to charge my credit card for any outstanding amount due on my account that has not been paid by an invoice due date.			
TYPE OF CARD	ACCOUNT NUMBER	EXPIRATION DATE	
NAME AS IT APPEARS ON THE CREDIT CARD		CARD HOLDER SIGNATURE	POSITION/TITLE
BILLING ADDRESS OF CREDIT CARD	CITY	STATE	ZIP

PLEASE COMPLETE & FAX TO (212) 557-5780