



211 East 43rd St, NY, NY 10163 212-557-4656 / Fax 212-557-5780

# SERVICE CONTRACT TERMS & CONDITIONS

<b>CUSTOMER BILLING NAME &amp; ADDRESS</b>

<b>SERVICE LOCATION</b>

PHONE NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**1. AGREEMENT:** 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.

**2. DISCLAIMER:** EGADS Computer Corporation and their agents are not responsible and will have NO LIABILITY FOR DAMAGES DIRECTLY OR INDIRECTLY INCLUDING CONSEQUENTIAL DAMAGES that may result from use of their services unless it is the result of negligence, in which case their total liability shall be limited to no more than the cost of the service call.

I agree to these terms and conditions:

<b>Name (Printed)</b>	<b>Signature</b>	<b>Title</b>	<b>Date</b>

## RATES Level I and Level II Support

SERVICES	TELEPHONE & REMOTE SUPPORT	ON-SITE
Audio / Visual Services IP Printing Configuration PC Setup and Configuration Peripheral Setup Wireless/Wired Network 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 SUPPORT	ON-SITE
Broadband Phone System added to existing network Router/VPN/Firewall Setup Server Setup	\$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