



ACT! Remote Support Options

Today's Date:
Company:
Contact(s):
Address
City/State/Zip:
Phone:
Email:

Support Packs

Table with 3 columns: Select One, Support Description, Price. Rows include NA, 8-hour, 4-hour, and 2-hour support packs with their respective descriptions and prices.

Terms for Prepaid Support.

All orders should be directed to:
Computing Connections, Inc.
4500 S. Sovereign Drive
New Berlin, WI 53151
Ph: 262-797-0427
Fax: 262-797-9920

Professional Disclaimer: Computing Connections Corporation agrees to perform the services in a professional manner and as otherwise set forth in this agreement. Computing Connections Corporation warrants that services provided for the customer will perform as specified by this Agreement.

Thank you for considering Computing Connections Corporation as your consulting firm.

I acknowledge as an authorized representative that I have read and agreed to the terms of this agreement.

Total Payment Amount: _____

Name of Authorized Company Representative: _____

Company Name: _____

Signature: _____

Date: _____

Email Address (for invoice and confirmation purposes): _____

Payment Information:

(Circle One) MC VISA Check **(must be prepaid)**

Credit card information

Card No: _____

Cardholder: _____

Expiration Date: _____

Card Security Code: _____

Card Signature _____

Card Billing Address: _____

Please fax BOTH PAGES of this form to Computing Connections Corporation at 262-797-9920.