



Integratechs

Addendum to Service Order 90 Day Satisfaction Guarantee

We will let you use our service for 90 days risk-free. We're confident that the our qualified team of engineers will meet and exceed your expectations. If you meet the requirements below and you're not thrilled with Integratechs' service within 90 days of signing your Service Order, **we'll allow you to cancel your Service Agreement and waive any early termination costs!**

You Agree:

- 1 You will assign a member of your staff to serve as a your organization's primary technical contact. Your primary technical contact will be available during regular business hours on a regular basis to communicate with the Integratechs engineering team.
- 2 Your primary technical contact will communicate effectively the needs of your organization to our team so that we can meet them.
- 3 Your primary technical contact will communicate effectively all concerns, frustrations or errors to our team in a timely manner so that we can resolve them.
- 4 You will let us know before it's too late by checking the box below and faxing this page to:
Attention: VP Operations
801-216-8451

Help! We are not satisfied. We need you to setup an emergency meeting to review our issues and discuss why we are thinking about discontinuing our use of Integratechs. Here are some of our issues:

We Agree:

- 5 This Addendum is applicable to your Service Order for Managed Information Technology Services ("Managed IT Services") and is included in the Agreement here by reference.
- 6 This Addendum applies from the Requested Start Date until 90 days after the you receive your first invoice for services.
- 7 If, after meeting with us to review your concerns and after providing us with at least two weeks to resolve them, you are still not satisfied with our service, Integratechs will allow you to cancel your Service Agreement with no early termination penalty.

IN WITNESS HEREOF, and acknowledging acceptance and agreement of the foregoing, Customer and Integratechs, through their authorized Representatives, affix their signatures hereto.

Customer

Signature
Date: _____ 20__

Print Name

Title

Full Company Name

Fax completed document to 801-763-1593 attn: Billing

Integratechs

Signature
Date: _____ 20__

Print Name

Title

IntegraTechs, Inc.