



Service Order Hourly IT Services

Customer Information

Customer Name: _____	Main Phone: _____
Service Address: _____	Main Fax: _____
City, State ZIP: _____	Website: _____

Service Order Information

Order Date: _____	Customer Market: _____
Requested Start Date: _____	Sales Representative: _____
Service Term: <u>Month to Month</u>	Order Type (New/Existing): <u>New</u>

Services and Pricing

Hourly IT Services

Work Type	Description	On-Site Minimum	Remote Minimum	Increment	Hourly Rate
General Support	Work that does not fit into any other category	60 min.	15 min.	15 min.	\$99.95
Desktop Support	Work on a desktop computer	60 min.	15 min.	15 min.	\$84.95
Server Support	Work on a server computer	60 min.	15 min.	15 min.	\$114.95
Phone Support	Work on a smart phone or IP phone	60 min.	15 min.	15 min.	\$99.95
Travel	Time spent traveling to or from work location	5 min.	n/a	5 min.	\$42.45
Client Programming	Work on design or programming for Customer	60 min.	15 min.	15 min.	\$99.95
Client Research	Time spent researching for Customer	60 min.	15 min.	15 min.	\$99.95
Client Correspondence	Time spent corresponding with customer	n/a	5 min.	5 min.	\$99.95

Thank you for choosing Integrattechs! We are committed to providing you the best information technology services available. By signing this Service Order, IntegraTechs, Inc. ("Integrattechs") and Customer (Identified herein) agree as follows:

1. This Service Order, the attached Service Schedules and the Master Service Agreement ("MSA") collectively comprise the entire Agreement (the "Agreement") between Integrattechs and Customer. The MSA is included here by reference. The MSA and Service Schedules are available upon request from Integrattechs or online at <http://www.integrattechs.com/legal/>.
2. This Service Order is non-binding until accepted by IntegraTechs as described in the MSA.
3. Customer's sole remedies for any failures to perform or other defects in Service are contained in the Service Level guarantee applicable to the affected Service.

IN WITNESS HEREOF, and acknowledging acceptance and agreement of the foregoing, Customer and Integrattechs, 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

Integrattechs

Signature _____
Date: _____ 20__

Print Name _____

Title _____

IntegraTechs, Inc.