



## Service Order Managed IT Services

### Customer Information

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

### Service Order Information

Order Date: <u>10/13/09</u>	Customer Market: _____
Requested Start Date: _____	Sales Representative: _____
Service Term: <u>12 Months</u>	Order Type (New/Existing): <u>New</u>

### Services and Pricing

Qty Description	Unit NRC	Unit MRC	Total NRC	Total MRC	Unit URC
0 Workstation Management	\$0.00	\$44.95	\$0.00	\$0.00	\$44.95
0 Server Management	\$0.00	\$174.95	\$0.00	\$0.00	\$174.95
0 Virtual Machine Management	\$0.00	\$44.95	\$0.00	\$0.00	\$44.95
0 Firewall Management	\$0.00	\$124.95	\$0.00	\$0.00	\$124.95
0 Switch / AP / Bridge / Router Management	\$0.00	\$7.95	\$0.00	\$0.00	\$7.95
0 Printer Management	\$0.00	\$24.95	\$0.00	\$0.00	\$24.95
0 Smart Phone Management	\$0.00	\$7.95	\$0.00	\$0.00	\$7.95
0 24/7 on-call Service (per primary tech)	\$0.00	\$999.95	\$0.00	\$0.00	\$999.95
<i>Totals:</i>			\$0.00	\$0.00	

**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 \_\_\_\_\_

#### Integrattechs

Signature \_\_\_\_\_  
Date: \_\_\_\_\_ 20\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

IntegraTechs, Inc.

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