



Service Order Managed IT Services

Customer Information

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

Service Order Information

Order Date: _____	04/29/10	Customer Market: _____	AF
Requested Start Date: _____		Sales Representative: _____	
Service Term: _____	12 Months	Order Type (New/Existing): _____	New

Services and Pricing

Qty	Description	Unit NRC	Unit MRC	Total NRC	Total MRC	Unit URC
0	Workstation Management	\$0.00	\$47.95	\$0.00	\$0.00	\$47.95
0	Server Management	\$0.00	\$174.95	\$0.00	\$0.00	\$174.95
0	Virtual Machine Management	\$0.00	\$79.95	\$0.00	\$0.00	\$79.95
0	Firewall Management	\$0.00	\$124.95	\$0.00	\$0.00	\$124.95
0	Switch / AP / Bridge / Router Management	\$0.00	\$8.95	\$0.00	\$0.00	\$8.95
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	\$499.95	\$0.00	\$0.00	\$499.95
<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, IntegratTechs, 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 IntegratTechs 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 801-216-8451

Integrattechs

Signature _____
Date: _____ 20__

Print Name _____

Title _____

IntegratTechs, Inc.