



Account Activation/Continuation Form
(As of January 1, 2017)

Client Information

1. Please provide us with some information about the Company. For legal definitions, the information below will be further referred to in this document as “Company”:

Company Name or Individual:			
Address:			
City, State, Zip Code:			
Phone:		Fax:	
Sales Tax Exempt?	Inside City Limits?	County:	
Number of Computers:	Servers:	Desktops/Laptops:	
Hours of Operation:			
How did you hear about us?:			

2. Please provide us with the name and contact information for the primary representatives who are authorized to make IT and financial decisions on behalf of the Company. These decisions may include, but are not limited to, calls for service, product orders, phone support, general networking/computing needs, etc. **Be sure to enter and mark who will be the appropriate billing contact for invoicing.** Additional contacts can be provided separately. Please note, that unless otherwise provided in writing, other employees acting with apparent authority may place service calls at your Company's place of business.

Name:		Job Title:	
Telephone & Ext.:		Primary Contact	<input type="checkbox"/>
Mobile Phone:		Billing Contact	<input type="checkbox"/>
Email Address:			
Name:		Job Title:	
Telephone & Ext.:		Primary Contact	<input type="checkbox"/>
Mobile Phone:		Billing Contact	<input type="checkbox"/>
Email Address:			

This document is to be signed by a person who is empowered to authorize the Company’s employees to act on behalf of the Company. In addition, Company assumes financial responsibility for invoices incurred. Any and all labor performed for the Company will be billed according to our Billing Policy as stated on this Account Activation/Continuation Form. No Technician will be dispatched and no goods will be sold to the Company without returning a signed copy of both pages of this document.

Signature: _____ Dated: _____

Print Name: _____ Title: _____

Billing Policy and Time and Materials Agreement

(As of January , 2017)

The following constitutes Computer Superheroes, Inc.'s Billing Policy and Time and Materials Agreement. Please review these terms, fill out the requested information below, and sign and date where indicated. If you are a new customer, your account will be activated upon return of this document.

- A. **Standard Hourly Rate:** \$140.00 per hour, per technician. Additional services and fees are outlined on our Rate Card. OneTech Computer Consulting, Inc., DBA Computer Superheroes, Inc. reserves the right to increase its fees, and will endeavor to provide prompt notice in writing via a new schedule with our monthly billing statement.
- B. **On-Site Billing Minimum:** All on-site service calls are subject to a **2-hour minimum charge**. Additional time will be billed in 15-minute increments after the second hour, rounded to the next highest quarter hour.
- C. **Off-Site/Remote Work Billing:** All off-site or remote service calls are subject to a **1/2-hour minimum charge**. Any work performed in our office on Company's behalf is subject to being charged in 15-minute increments, rounded to the next highest quarter hour. Examples of this include, but are not limited to, email consultation, technical research, product testing, and remote access and support.
- D. **Telephone Support:** Unless otherwise agreed upon, all telephone technical support calls to our office are subject to charge in 15-minute increments rounded to the next highest quarter hour.
- E. **Cancellation Fee:** Your account is subject to a **half-hour Cancellation Fee** if less than 12 hours notice is given. Your cancellation notice can either be left on our general voicemail, an e-mail to support@computersuperheroes.com, or by speaking with a staff member.
- F. **Hardware and Software Product Billing:** Tangible goods totaling over \$1000 must be paid in advance of order and delivery.
- G. **Payment Terms:** Invoice balance is due upon receipt unless previous arrangements have been made in writing. Your invoice will reflect the hours spent and costs incurred. Prices are subject to change without notice. Pricing assumes payment by cash or check. Please make all checks payable to Computer Superheroes. Credit card transactions are subject to a 3% surcharge.
- H. **Late Payments:** In the event of nonpayment of fees or costs, Computer Superheroes reserves the right to impose interest (12% A.P.R.) for accounts over thirty (30) days delinquent, and recover all costs incurred for collections, including attorney's fees and costs.
- I. **Unpaid Balances:** Company shall be liable for all collection costs including reasonable attorney or collection fees for all balances remaining unpaid more than ninety (90) days after invoice date. No additional purchases or work will be performed on Company's behalf until all balances are paid in full.
- J. **Hours of Operation:** Our regular office hours are Monday through Friday, 9:00 AM to 5:00 PM except for holidays as observed by Wall Street.
- K. **Return of non-defective/non-delivered items:** Items must be in original sealed packaging and are subject to a 15% restocking fee if not returned within 15 days of purchase. Defective items not returned in their original packaging will not be accepted for return.
- L. **We warrant that all services provided will be performed in a workmanlike manner** in accordance with commercially reasonable standards of the local community. In regard to software, parts and/or components installed on your behalf, we warrant the installation services, however we assign to you the manufacture's warranties on the equipment and software themselves. You shall be responsible for registering said product(s), and maintaining its warranty in force.
- M. **Please be advised** that unless specifically provided for in a separate Services Provider or Special Warranty Agreement, we shall not be liable for any loss of use, interruption of business, cost of procurement of substitute goods, technology, data, or services or any consequential, incidental, special, indirect or exemplary damages of any kind (including lost profits) arising out of our services, regardless of the form of action, whether in contract, tort (including negligence), strict product liability or any other legal or equitable theory. We hereby disclaim any implied WARRANTIES OF MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSE, and all damage recoveries shall be limited to the policy limit of our general business insurance policy.
- N. **Mailing Address.** All US mail, including payment of invoices, is to be delivered to **5325 Gary Drive, Berthoud, CO 80513**.

As an authorized representative of _____, (Company Name, if applicable)

I, _____ (Authorizing Agent – Print Name) hereby state that I have read the Billing Policy, agree to abide by its terms and conditions and will be financially responsible for any services performed and/or goods provided by OneTech Computer Consulting, Inc DBA Computer Superheroes, Inc. I understand this Billing Policy will remain in effect until replaced by a newer one. My signature is provided below indicating my acceptance of these terms and conditions.

Signature: _____ Dated: _____



RATE CARD

(As of January 1, 2017)

Type of Contract (see corresponding notes below)	Rate
<u>GUARDIAN MANAGED SERVICES</u> †	
(all prices monthly per device)	
Server Service Agreement	\$219.00
Virtual Server Service Agreement	\$109.99
Desktop Service Agreement	\$43.00
<u>TIME AND MATERIALS</u> *	\$140.00 per hour
<u>SPECIAL PROJECTS</u> **	Priced per project
<ul style="list-style-type: none"> - New server installations - 5 or more desktop installations - Major software application rollout 	

Free 1-hour consultation for new clients. Free quotes.

* (Time and Materials) 2-hour minimum charge per service request for all on-site service calls. ½-hour minimum for all remote assisted/remote control service calls, telephone and email support. ½-hour minimum pickup and/or delivery (each way) for equipment to be repaired in shop. Additional time billed in 15 minute increments to the next quarter-hour. Hours are billed per technician. Payment is due upon completion of service call or receipt of invoice. Cancellations for on-site service require a minimum 12-hour advance notice, otherwise the minimum billing charge applies. Hardware and Software purchases over \$1000 must be paid in advance of ordering. Additional Terms and Conditions apply; see our Billing Policy.

† (Guardian Managed Services) One predictable monthly fee covers all technical services/support outside of special projects. No minimum service charges. 1-year commitment to a Managed Service Contract required. Monthly fees do not cover hardware and software purchases. Managed Service Contract Terms and Conditions available upon request.

** (Projects) Special pricing discounts on projects for Managed Service customers.



Credit Card Payment Authorization Form

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, MasterCard, or American Express. You will be charged each billing period for the total amount due for that period. A receipt will be emailed to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided if the total payment is under \$2000. If your bill is more than that amount, or the payment date changes, you will receive notice from us at least 10 days prior to the payment being collected. Your information below will be destroyed once entered into our encrypted and password-protected system. We recommend returning this form by hand, FAX or USPS only. Do not send credit card information by email.

Please complete the information below:

I _____ (full name), of _____ (Company name, if applicable), authorize OneTech Computer Consulting, Inc., DBA Computer Superheroes, Inc. to charge my credit card indicated below. I understand that I will only receive advance notice of the charge if it exceeds \$2000.

Billing Address _____ Phone _____
City, State, Zip _____ Email _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.