

REMOTE ONLY SUPPORT AGREEMENT

THIS AGREEMENT is made and entered into on this ____ day of _____ 20____, by and between _____ ("Customer"), a corporation of _____ whose address is _____ and CTintegrators, Inc. ("CTI"), a corporation of Virginia, whose address is 14900 Conference Center Drive, Chantilly, Virginia 20151.

WHEREAS, the Customer is desirous of purchasing Remote Support for their in-house Computer and Communications systems, including Communications software for use in connection with its business practice at the above address, and

WHEREAS, CTI is a systems integrator which represents that it is certified and capable of, and agreeable to, providing Customer with Software Support for use and maintenance of the System.

NOW, THEREFORE, for good and valuable consideration, receipt and sufficiency of which is hereby acknowledged, the parties do hereby agree as follows:

Scope:

This "Remote Support Agreement" may be used for remote computer or server access and telephone system support except programming and script writing, which require a separate agreement. The cost of defective hardware and equipment is the responsibility of the Customer. Customer agrees to provide "remote" access to supported equipment. Equipment purchased from CTI will be charged as needed unless equipment is under current CTI warranty or separate Hardware Replacement Agreement is in force. Failed equipment not purchased from CTI will be treated as without warranty.

Payment:

Customer agrees to purchase telephone & remote for support 2 hours at the rate of \$160.00 per hour or 4 hours at the rate of \$150.00 per hour. CTI will use Telephone support time in 30 minute blocks. Unused time will be carried for up to 120 days from date of first use. Payment must be received in advance or paid by credit card prior to support.

Starting Date: _____ Ending Date: _____ (120 days) PO#: _____

Company Name: _____ Phone Num: _____

Credit Card Address: _____

City: _____ State: _____ Zip: _____

Printed Name: _____

Authorized Signature: _____ Date: ___/___/___

Credit Card: MC / Visa (circle one) Authorized Amount Billed: (circle one) 2 Hours \$320.00 4 Hours \$600.00

Name on Card: _____ CVV: _____ (3 # Code)

Card Number: _____ Expires: _____

Billing Address must match credit card address listed above.

Fax to 703-261-7055

Card Zip Code: _____