



SYSTEM INFORMATION

Date: _____

END USER

Contact Name: _____

Company Name (site): _____

Address: _____

Site Phone #: _____

INSTALLER

Technician Name: _____

Company Name: _____

Address: _____

Phone #: _____ Fax #: _____

E-Mail: _____

SYSTEM REQUIRING TECHNICAL SUPPORT

Software Key#: _____ # of Ports: _____

Software Version: _____ Phone System: _____

VoiceGate Product: VIP 4000 Lite Voice Wizard ICS ICS Lite
(Please Circle) Voice Catcher Call Recorder VoiceGate DS Custom Application

Problem: _____

TECNICAL SUPPORT RATES:

- | | | |
|----------------------|---|-------------------|
| 1) Hourly Rate | (Each call is based on a 15 - minute minimum) | \$150.00/incident |
| 2) 6 Month Rate | (10 hours max/1 to 40 calls, 15 minute minimum) | \$750.00 |
| 3) Minimum Charge | (in house 3 hours) | \$85.00 / Hour |
| 4) Minimum Charge | (on site 3 hours) | \$100.00 / Hour |
| 5) Passcode Recovery | (Incident rate & technician file time) | \$160.00 |

Which rate would you like? _____

To send a faxmail dial: 905-508-0355, enter “*2165”, wait for the tone and then press the start key on your fax machine or; scan and email to lcartier@voicegatecorp.com.. A VoiceGate technician will contact you to set up a call back time once your information has been processed.