

COMMERCIAL ACCESS CONTROL SERVICE PLAN

	REMOTE+
	\$50/Month First Door, 2-10 Doors \$10/Ea, 11+ \$5/Ea
Remote Service & Support	✓
Priority Response & Scheduling	✓
Discounted On-Site Labor on Normal Business Hours	\$135/hr
Discounted On-Site Labor on After Business Hours	\$270/hr
Included Service Visits /year ¹	2
Discounted Programming	✓
System Updates/Patches	✓
Active System Monitoring	✓
Advanced Replacement & Repair ²	✓

NOTES & EXCLUSIONS:

- Remote maintenance requires access to network and installed equipment and may require additional hardware to be installed.
- All service plan rates are based on normal business hours. Additional charges may apply for weekend and after hour care.
- Depending on location distance, additional travel charges may apply
- Excludes any new equipment and hardware installations.
- If additional higher-level resources are needed that is not part of the contract, client will be offered the appropriate rates prior to continuing with service.

¹ Included service visits are as per need basis and will be scheduled on first come first serve basis when remote support is not sufficient to resolve an issue. Each service visit is a maximum of 2 hours.

² Advanced replacement is for selective and critical components listed and approved by ForTech and the client.

REGULAR SERVICE RATES WHEN NO PLAN IS CHOSEN

Normal Business Hours, M-F, 7am-4pm:

- Technician: \$150/h with a minimum charge of \$300
- Programmer: \$175/h with a minimum charge of \$350
- IT Specialist: \$175/h with a minimum charge of \$350
- Senior Engineer: \$200/h with a minimum charge of \$400

After Hours or Weekends:

- Technician: \$300/h with a minimum charge of \$600
- Programmer: \$350/h with a minimum charge of \$700
- IT Specialist: \$350/h with a minimum charge of \$700

- Senior Engineer: \$400/h with a minimum charge of \$800

Note: Remote service rates are in half hour increments and have no minimum charge.



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Recurring Credit Card Payment Authorization

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize _____ to charge my
(Cardholder's Name) (Company's Name)

Credit Card indicated below for \$ _____ 1st _____

_____ on the _____

_____ (Amount \$)

_____ (day)

each month _____, starting from _____

MM/YY

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Card Details

Visa MasterCard Discover American Express

Cardholder Name _____

Account/CC Number _____

Expiration Date ____/____

CVV _____

Zip Code _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify _____ in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. 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 acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____ DATE _____
(Cardholder's Signature)