



**AUTHORIZATION FOR ON-SITE SUPPORT**

I \_\_\_\_\_ of \_\_\_\_\_

hereby authorize MicroAide, Inc. to come to our site at \_\_\_\_\_

\_\_\_\_\_

**Under the following terms and conditions:**

**Onsite charges will be billable at \$100.00. Travel charges to and from site will be billable at \$80.00 dollars per hour. I understand that as a first time client, payment for services and any software or hardware will be made to MicroAide, Inc. at the time service is rendered.**

\_\_\_\_\_  
**Authorization Signature**

\_\_\_\_\_  
**Title**

**Fax back immediately to:  
MicroAide, Inc.  
Carl P. Giorgio (President)  
eFax 484-334-4308  
Phone 717-933-4815 or 610-488-7498**

**Directions to site:**  
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\_\_\_\_\_  
\_\_\_\_\_