

EASY PRINT, FILL, AND FAX FORM!



Delisi & Associates, P.C.



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Toll Free: 1.800.264.5131 OR 724.832.8585 **Fax:** 724.832.8590



GET THE BEST SUPPORT POSSIBLE BY A CERTIFIED CONSULTANT WHO IS A SAGE PREMIER TRAINER! D & A PEACHTREE SUPPORT

Delisi & Associates, P.C. will provide On-Site and/or telephone support services as indicated by the following

Agreement Date: _____
Business: _____
Attention: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ Cell: _____
Peachtree Current Version: _____
Email (For Peachtree Newsletter Tips & Tricks): _____
How Did You Hear About Us? _____ Peachtree's Website? _____ Our Website?
_____ Peachtree's Technical Support _____ You Are Our Existing Client _____ Other

Reasonable Support Rates using a SAGE CERTIFIED CONSULTANT & SAGE PREMIER TRAINER Training From Peachtree By Sage!

We Support: Pro, Complete, Premium, Manufacturing, Construction, Distribution, and Quantum, Nonprofit and Crystal Reporting! Multi-User, Single User, New Installation & Start-up; Upgrades; Conversion of Data; Procedure Implementation for ALL Versions and much more!

WE OFFER ONSITE OR TELEPHONE SUPPORT AGREEMENTS. CALL FOR OUR PACKAGE INFORMATION--YOU ARE PRIORITY IF ON A SUPPORT AGREEMENT TOLL FREE SUPPORT LINE: 1.800.264.5131

- [] 4 Hour Onsite or Telephone Support Agreement - **Call us!**
- [] 8 Hour Onsite or Telephone Support Agreement - **Call us!**
- [] 16 Hour Onsite or Telephone Support Agreement- **Call us!**
- [] By the Hour Onsite or Telephone Support Agreement per Hour- **Call us!**

The Agreements will expire one year from the date of Support purchased and is non-refundable. The Certified Consultant reserves the right to limit the phone calls to one hour or one incident.

By choosing one of these Agreements, you will submit payment in advance for Support. If the Support is not used within a year, the agreement will expire.



VISA/MASTERCARD #: _____ EXPIRATION DATE: _____
NAME ON THE CARD: _____
ADDRESS TO NAME ON CARD: _____
CITY, STATE, ZIP: _____
LAST 3 DIGITS ON SIGNATURE PANEL OF CARD: _____
AUTHORIZED SIGNATURE FOR SUPPORT AGREEMENT: _____ DATE: _____

IF PAYING BY CHECK: MAKE PAYABLE TO: DELISI & ASSOCIATES, P.C.

Let us know if you are interested in remote access support; this would require high speed internet connection