

EASY PRINT, FILL, AND FAX FORM!



Delisi & Associates, P.C.

CHRISTINE HOKE, CERTIFIED SAGE CRYSTAL
REPORTS CONSULTANT AND SAGE

CRYSTAL REPORTS PREMIER TRAINER christineb@delisiassociates.com



Certified Consultant

PLATINUM

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 SAGE CRYSTAL REPORTS 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: _____

Sage Crystal Reports Current Version: _____

Email (For Sage Crystal Reports Newsletter Tips & Tricks): _____

How Did You Hear About Us? _____ Sage Crystal Reports' Website? _____ Our Website?
 _____ Sage Crystal Reports' Technical Support _____ You Are Our Existing Client _____ Other

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

**We Support: Pro, Complete, Premium, Manufacturing, Construction, Distribution, and Quantum, Nonprofit and
Crystal Reporting! Mult-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