

EASY PRINT, FILL, AND FAX FORM!



Delisi & Associates, P.C.

CHRISTINE HOKE, CERTIFIED TIMESLIPS
CONSULTANT AND TIMESLIPS PREMIER TRAINER
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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 TIMESLIPS 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: _____
Timeslips Current Version: _____
Email (For Timeslips Newsletter Tips & Tricks): _____
How Did You Hear About Us? _____ Timeslips's Website? _____ Our Website?
_____ Timeslips's Technical Support _____ You Are Our Existing Client _____ Other

**Reasonable Support Rates using a SAGE CERTIFIED CONSULTANT & SAGE PREMIER TRAINER
Training From Timeslips 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.