



creative solutions incorporated

Mail/Fax completed form to:

Creative Solutions Incorporated
14000 Creekside Drive
Matthews, NC 28105
Fax: (704) 814-6852

By signing below, the client whose name appears on the line labeled "Client name:" (hereinafter referred to as "Client") agrees to the following terms: Creative Solutions Incorporated will provide Client with professional services in connection with database creation, modification, maintenance, technical support, and other activities to which Creative Solutions Incorporated and Client may mutually agree.

Client will pay Creative Solutions Incorporated at a rate of one hundred fifty U.S. dollars per hour for each hour spent performing any of the above named services. Technical support may be supplied in person or by phone, email, internet or all of these, and is billed in one minute increments with partial minutes rounded up and billed as whole minutes. Client's credit card will be billed in weekly installments for the number of hours/minutes spent on matters related to services rendered that week, and an invoice showing the dates, times, and minutes accrued for those services will be forwarded to Client as requested.

All calls initiated on behalf of Client, whether by Client or Client's employees, agents, or consultants, will be billed to Client. Client may limit access to technical support and other services to authorized persons by identifying those persons below in the space marked "Authorized users:".

Except as may be required in the performance of the work, or as may be required by law, Creative Solutions Incorporated agrees not to divulge any unpublished information acquired as a consultant to Client from any source, including Client, Client's customers, or associates of other contractors without prior written consent of Client. Creative Solutions Incorporated shall not be responsible for any consequential or other damages resulting from the work we perform for you, and the sole recourse relating to any unsatisfactory work we perform for you shall be recovery of the amount paid by Client to Creative Solutions Incorporated for such work.

Client name: _____

Address: _____

Name on credit card: _____

Credit card number: _/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_ CVV2/CID: _/_/_/_ Exp. Mo/Yr: _/_/_/_

Phone: _____ Fax: _____ Email: _____

Preferred statement delivery method: ☐Email ☐Fax ☐Mail

Authorized users: _____

Accepted and agreed: _____

(signature)

By: _____

(print name here)

Title: _____

(print title here)

