



**SYSTEM INFORMATION**

Date: \_\_\_\_\_

**END USER**

Contact Name: \_\_\_\_\_

Company Name (site): \_\_\_\_\_

Address: \_\_\_\_\_

Site Phone #: \_\_\_\_\_

**INSTALLER**

Technician Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**SYSTEM REQUIRING TECHNICAL SUPPORT**

Software Key#: \_\_\_\_\_ # of Ports: \_\_\_\_\_

Software Version: \_\_\_\_\_ Phone System: \_\_\_\_\_

VoiceGate Product:   VIP 4000 Lite       Voice Wizard       ICS       ICS Lite  
(Please Circle)  
                          Voice Catcher   Call Recorder    VoiceGate DS    Custom Application

Problem: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TECNICAL SUPPORT RATES:**

- 1) Hourly Rate           (Each call is based on a 15 - minute minimum)       \$250.00/incident
- 2) 6 Month Rate       (10 hours max/1 to 40 calls, 15 minute minimum)   \$750.00
- 3) Minimum Charge   (in house 3 hours)                                       \$150.00 / Hour
- 4) Minimum Charge   (on site 3 hours)   \$150.00 / Hour
- 5) Passcode Recovery (Incident rate & technician file time)       \$250.00

Which rate would you like? \_\_\_\_\_

To send a faxmail dial: 905-508-0355, enter “\*2165”, wait for the tone and then press the start key on your fax machine or; scan and email to lcartier@voicegatecorp.com.. A VoiceGate technician will contact you to set up a call back time once your information has been processed.