

N1NJ4 Tech Solutions

Service Agreement

Client & Service Information

Client Name:

Company:

Email:

Date of Service:

Type of Service Requested:

Estimated Hours / Cost:

Technician Assigned:

Scope of Work

Description of Work:

Expected Completion Date:

Equipment/Credentials Required:

Payment Terms

Payment due upon receipt:

5% compounded weekly late fee:

Checks payable to NTS or N1NJ4 Tech Solutions:

Minimum 2 hours per job:

Authorization

Client Signature:

Date:

Technician Signature:

Date:

*****Cancellation Policy*****

See N1NJ4 Tech Solutions - Cancellation Policy