

Hilker's Computer Repair

703 East Elm Street
West Frankfort, IL 62896-2811
service@hilkerscomputerrepair.com

Voice 618.218.6967
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Remote Maintenance Plan Sign Up

- Plan 1 Monthly access: \$25.00 a month for 2 computers, \$15.00 for each additional computer.
- Plan 2 Access every 2 months: \$20.00 every 2 months for 2 computers, \$10.00 for each additional computer.
- Plan 3 Quarterly Access: \$15.00 every 3 months for 2 computers, \$5.00 for each additional computer.
- Plan 4 Bi-Annual Access: \$10.00 every 6 months for 2 computers, \$5.00 for each additional computer.

- Check Enclosed PayPal proof of payment enclosed

Make checks payable to Hilker's Computer Repair.

PayPal payments made to payments@hilkerscomputerrepair.com with Visa, MasterCard, Discover, American Express.

Name: _____

Address: _____ Home Phone: (____) _____

City, State: _____ Work Phone: (____) _____

Zip Code: _____ Fax Phone: (____) _____

Windows (PC):	<input type="checkbox"/> Windows 95	<input type="checkbox"/> Windows 98	<input type="checkbox"/> Windows NT	<input type="checkbox"/> Windows ME
<input type="checkbox"/> Windows 2000	<input type="checkbox"/> Windows XP	<input type="checkbox"/> Windows Vista	Please indicate # of computers: _____ Please indicate start date and time*: _____	

Remote Maintenance Plan Guidelines:

1. A reminder email will be sent to you 1-2 days (your preference) prior to the scheduled date and time with instructions.
2. You will need to start the remote application and then provide me with the access code by email or phone and then accept the connection request to start the session.
3. Hilker's Computer Repair charges a \$25.00 fee for each returned check.
4. Cancellation can be done at anytime and must be in writing at least 15 days in advance. No cancellation fee applies.
5. Please sign and mail this form to me along with either your check or copy of your PayPal confirmation of payment. This form and payment must be received at least 15 days prior to the start of the plan.
6. Invoices are emailed or mailed (circle one) on the first of each plan month. Payment is due within 15 days of receipt.

I have read and accept the guidelines listed above.

Signature: _____

Date: _____

*Hours of business are 5:00 pm – 9:00 pm Monday-Friday and all day Saturday and Sunday.