



Toll-free:
800-521-PEACH
Fax: 770-569-5897



CERTIFIED PEACHTREE SUPPORT

Presented To:			
Company:		Date:	
Name:		Phone:	
Address:		Fax:	
City, State, Zip:		Peachtree Version:	
Email		Presented By:	

PEACHTREE SUPPORT OPTIONS

Select	Software Link Support Options	Annual Rate
	Software Link Quantum Support Bundle Includes unlimited phone/remote support for one full year (does not include installation or training)	\$599
	Software Link Quantum On-Site Support On-Site support at \$135.00 per hour with a two (2) hour minimum and a \$65.00 per hour travel charge.	Varies
Select	Direct Support From Peachtree/Sage Software	Annual Rate
	Peachtree Direct Quantum Essential Support* Includes yearly upgrade, and unlimited phone support direct with Peachtree/Sage Software (not Software Link support) for one full year.	\$1095
	Peachtree Direct Quantum Preferred Support* Includes Peachtree tax updates, yearly upgrade, and unlimited phone support direct with Peachtree/Sage Software (not Software Link support) for one full year.	\$1325
* NOTE: Clients who choose Peachtree Direct Support Plans must call Sage Software for support. Support calls made to Software Link will be subject to additional billing charges.		

PAYMENT INFORMATION

Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex	Persons Authorized to Incur Charges
Card Number:		1)
Expiration Date:	CVV2:	2)
Name on Card:		3)
Billing Address:		4)

Please note that Software Link is not responsible for your data. Ensure your data is backed up prior to receiving support. Payment is required at the time of service by check or credit card. We accept MasterCard, Visa & American Express*. We will NOT send a detailed statement. A copy of the credit card receipt will be furnished upon request. Note: credit card charges will appear on your credit card statement under the company name Software Link, Inc. Any charge backs that you initiate with your credit card company will be subject to a \$20.00 fee. Support option prices subject to change without notice.

Authorized Signature _____ **Print Name** _____ **Date** _____
 (Signing above is your acceptance of this proposal and the conditions herein)