



BRINGING PEOPLE AND TECHNOLOGY TOGETHER.

World Synergy Enterprises Professional Services Request

Date _____

Contact Information

Company _____

Contact Name _____

Address _____

Phone _____ (FAX) _____

Email Address _____

Scope of Work.

Estimated Hours for Scope of Work : _____

Customer Signoff

I understand that I will be charged at an hourly rate as specified below in "rate schedule" and agree to pay all time and materials immediately upon receipt of invoice. Please sign and fax back to 440 349 4941.

Customer Signature _____ Date _____

Customer Name (Please Print) _____

RATE SCHEDULE

Standard Rate \$ 125. Off Hour Rate \$ 175 Weekend Rate \$ 250

All work is charged at an hourly rate with a minimum of 2 hours per day.

CORPORATE OFFICE 6830 COCHRAN ROAD, UNIT B, SOLON, OHIO 44139
440 349 4940 PHONE 440 349 4941 FAX
info@worldsynergy.com · www.worldsynergy.com

