

# North Star Ventures, Inc.

## "Single Call" Premium Support Service Authorization

Thank you for your interest in North Star Ventures, Inc., Premium Support Service Plan. This Plan allows a North Star Ventures Technician to provide Live Remote Assistance. Each support session must be approved by the client to take control of the client's PC.

The fee for this Plan is payable in advance and is non-refundable. The Service Plan fee covers the expenses for Live Remote Assistance only – you will be billed separately for the actual session time based on the Pay-per-Call Authorization Form. In order to activate your Service Plan, please complete the information below.

**Note: Our pay-per-call rates are as follows:**

|                          |  |         |
|--------------------------|--|---------|
| Thomas Youngman:         | \$240.00/hr, billed in 15-minute increments of | \$62.50 |
| Christopher Diamantides: | \$230.00/hr, billed in 15-minute increments of | \$57.50 |
| Steve Gillis:            | \$195.00/hr, billed in 15-minute increments of | \$48.75 |
| Charlene Takesian:       | \$195.00/hr, billed in 15-minute increments of | \$48.75 |
| Robert Stupp:            | \$195.00/hr, billed in 15-minute increments of | \$48.75 |

**This letter must be completed and returned prior to activating your support plan.**

**Fax to 978-470-0779**

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Authorized Contact Person: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Fee: \$50** Check or Credit Card (*Note: this fee may be applied toward a \$240 Annual Premium Plan within 30 days*)

|   |
|---|
| Office Use Only:<br>_____<br>_____<br>_____ |
|---|

**Method of Payment:**

Check Enclosed: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ MC\_\_\_ Visa\_\_\_ Amex\_\_\_

Cardholders Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I authorize the above credit card number to be charged for the Premium Support Plan and other support services rendered from North Star Ventures, Inc. I understand the credit card information will be kept on file and will be used for further pay-per-call charges.

Authorized Cardholders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## North Star Ventures, Inc.

**Best Software® Small Business Certified Consultants**

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