

Service Agreement

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Ready Or Not

Technical Services Inc.

Starting Date:

Ending Date:

CUSTOMER CONTACT INFORMATION:

Name:

Address:

Email:

Phone:

SERVICE REQUIREMENT:

Agreement Type:

Number of
Operatories:

Service Description:

Contract Fee
(taxes not
included):

Maintenance
awareness program
(1hr presentation with
staff)

Total Monthly Fee:

Performance Assurance
Certificates X-Ray Test

Customer Signature:

**Ready Or Not
Rep.:**

Date:

Date

THANK YOU!