



# Service Agreement



Contact: \_\_\_\_\_

Organization: \_\_\_\_\_

Return Address: \_\_\_\_\_

\_\_\_\_\_

Office Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Areas of Concern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Billing Method: Purchase Order  Check  Credit Card  Other \_\_\_\_\_

Ship to Address: Westcom Wireless  
2773 Leechburg Road  
Lower Burrell, PA 15068  
Attn: Service Department

By signing below you are authorizing Westcom Wireless to perform reconditioning services and also signing up for our HME support plan at the cost of \$495.00 for a single base system or \$595.00 for a multiple base system. No additional charges will be incurred without prior correspondence between WCW and the point of contact above.

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