



**UPOS Support Plan Order Form (Check One) and fill out all information completely.**

<input type="checkbox"/> <b>UPOS Tech - 10 Support Plan</b> The UPOS – Tech-10 Support Plan provides (up to 10 hours) of direct access technical support assistance. The plan is valid for up to (1) year or 10 hours, whichever comes first. <b>Investment \$1497.00!</b>
<input type="checkbox"/> <b>UPOS Tech - 5 Support Plan</b> The UPOS – Tech-5 Support Plan provides (up to 5 hours) of direct access technical support assistance. The plan is valid for up to (1) year or (5) hours, whichever comes first. <b>Investment \$795.00!</b>
<input type="checkbox"/> <b>UPOS - (1) Single Support Issue</b> Provides technical support for (1) support ticket/issue. (up to 1 hour maximum) Data issues/fixes are not eligible for the single issue support. This option is only available for quick "How to" support or basic setup configuration issues. If the issue cannot be resolved within 1 hour, a Tech-5 or Tech-10 hour support plan will be required. <b>Investment \$179.00</b>
<b>Internet Support</b> If you are enrolled in Technical Support Plan, please report any support issues to: <a href="http://www.upos.com/form.htm">www.upos.com/form.htm</a> . Capture any error messages, if applicable, and paste onto the #4 box on the Technical Support Request Form.

Regular support hours are Monday-Friday 8:00 a.m. to 5:00 p.m. EST. If you require after hour support, please contact our customer service dept. for specific rates at 770/322-5223.



**Credit Card Information:** \_\_\_ VISA/MC \_\_\_ AMERICAN EXPRESS \_\_\_ DISCOVER

**CARD HOLDER NAME (ONLY):** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

**CREDIT CARD NUMBER:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/ **EXP:** \_\_\_\_\_/\_\_\_\_\_

**SECURITY CODE (On back of card for Visa/MC):** \_\_\_ \_\_\_ \_\_\_ **(On front for Amex):** \_\_\_ \_\_\_ \_\_\_

**ADDRESS OF CARD HOLDER (Billing Address of Statement):** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**COUNTRY:** \_\_\_\_\_ **PHONE (billing address):** \_\_\_\_\_

**\*\*\* CARD HOLDER (EMAIL ADDRESS) \*\*\***

\_\_\_\_\_

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**\*\*\* CARDHOLDER SIGNATURE ONLY \*\*\***

**PLEASE NOTE: Returns on support/services are strictly prohibited**

**UPOS International LP**  
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