

Service Agreement

Instatek

267 Boul de l'Hôpital
Gatineau, Qc. J8T 7C5



Service agreement between Instatek-TekPlus address above and :

Customer Information:

Full Name : _____ Date of agreement : _____

Address : _____ City : _____

Province : _____ Postal Code : _____

Main phone : _____ Other phone : _____

Email : _____

Package

Monthly : _____ 1 Year : _____ 2 Years : _____

Payment Information

Credit card number	
Expiration	
Security code	
Name on card	

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I accept the agreement

I accept the agreement between Instatek – TekPlus et <Name above> for the period chosen in the package <Package section>.

[Customer]

[INSTATEK - TekPlus]

Name: _____

Name : _____

Signature :

Signature :