

Service Agent Application Form

Service Organisation Information

| | | | |
|------------------------------|------------------------|---------------------|--|
| Organisation Name | | | |
| GST/TAX Number | | | |
| Number of years in operation | | | |
| Main Address | State/Country/Zip Code | | |
| | | | |
| TOTAL number of staff | | Level 1 Technicians | |
| Administration staff | | Level 2 Technicians | |

Contact Information

| | |
|------------------|--|
| Manager's Name | |
| Telephone Number | |
| Fax Number | |
| Email address | |

| | |
|------------------------------|--|
| Service Manager Name | |
| Service Telephone Number | |
| Email address to log tickets | |

| | |
|-------------------------|--|
| Finance contact name | |
| Direct Telephone Number | |
| Email address | |

Technical Qualifications & Supporting Documentation to be supplied

| | | | |
|---|--|--|---|
| PC's | | Windows | |
| Server's | | Networking | |
| Storage | | Other | |
| Please Indicate the name of the Ticketing System used: | | | |
| Please supply a copy of your ticket logging process: | | | |
| Please supply a copy of your company profile: | | | |
| Are you the Accredited Service Partner for any other provider? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, please list brands Authorised to maintain: | | | |
| | | | |
| Service coverage locations requested: | | | |
| | | | |
| Available Service Levels: | NBD <input type="checkbox"/> Yes <input type="checkbox"/> No | 9x5x4 <input type="checkbox"/> Yes <input type="checkbox"/> No | 24x7x4 <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do your technicians carry the usual diagnostic tools. Laptop, Console Cables, etc. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you wish to perform service on equipment not sold by you: | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Can you purchase parts & equipment locally? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Computergate Offices:

Melbourne: Unit 10 Monash Corporate Park, 20 Duerdin St, Clayton VIC 3168
Sydney: Unit 54 Newington Technology Park, 8 Avenue of the Americas, Newington NSW 2127
Brisbane: Unit 14, 35 Hugo Place, Mansfield, QLD 4122
Perth: Unit 19, 25 Walters Drive, Osborne Park, WA 6017
Singapore: #04-06 HudsonTechnocentre, 16 New Industrial Road, Singapore 536204
Auckland: C3, 27 Smales Road, East Tamaki, Auckland 2013

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Banking Details

Computergate provides payment via electronic banking where possible. To enable this facility, please provide the following:

| | |
|------------------|---------------------|
| Name of Bank: | |
| Address: | |
| Account Name: | Account No: |
| Swift/Bank Code: | Preferred Currency: |

Insurance Details

| | | | |
|--|------------------------------|-----------------------------|----------|
| Do you have Public Liability Insurance | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Value \$ |
| Do you have Professional Indemnity Insurance | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Value \$ |
| Please provide appropriate certificates of Insurance for these policies. | | | |

Customer References

| Company Name | Contact Name | Phone/email |
|--------------|--------------|-------------|
| | | |
| | | |
| | | |

Service Charges

| Skill Level – Next Business Day or scheduled On-Site only | Hrly | ½ Day | Full Day | Monthly | Backfill % uplift | English Speaking |
|---|------|-------------------------------------|----------|---------|-------------------|------------------|
| Level 0 (Basic Skill, guidance req.) | \$ | \$ | \$ | \$ | __ % | Y / N |
| Level 1 (Break/Fix, Basic PC & Networking) | \$ | \$ | \$ | \$ | __ % | Y / N |
| Level 2 (Trouble Shooting, Smart Hands, Basic Server & Networking) | \$ | \$ | \$ | \$ | __ % | Y / N |
| Travel Rate within ___ km from Agent | \$ | \$ | \$ | \$ | | |
| Weekday After hours Uplift: | x | Weekends & Public Holiday Uplift: x | | | | |
| Same Day Response Uplift: | x | 24 x 7 Callout/Retainer fee: | | | | |
| Warehousing of spare parts per cubic meter | \$ | | | | | |

Print Name:

Title / Position:

Signature: Date:

As part of the evaluation of your organisation, we will test your service delivery & ticketing process to ensure this meets the highest standards and response. If successful, a Service Agent Agreement will be offered for acceptance.

Please advise the contact person and email to perform this test: _____

Please email this application and supporting documents back to mario.greco@computergate.services

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