

IT Support Services Terms Agreement

Date: _____

Client Name: _____

Client Address: _____

1. Services Provided

The following IT support services will be provided:

- Help Desk Support
- Network Monitoring
- Software Updates
- Data Backup Solutions

2. Terms of Service

The service agreement is effective from _____ to _____.

Support will be available during business hours from 9 AM to 5 PM, Monday to Friday.

3. Payment Terms

Payment is due on a monthly basis, amounting to _____.

4. Termination

Either party may terminate this agreement with a 30-day written notice.

5. Contact Information

For any inquiries, please contact:

Email: support@yourcompany.com

Phone: (123) 456-7890

By signing below, both parties agree to the terms outlined above.

Client Signature Date

Service Provider Signature Date