## **Technology Solution Agreement**

Date:
Client Name:
Client Address:
Contact Email:
Contact Phone:
Agreement Details
This Customized Technology Solution Agreement ("Agreement") is made between [Your Company Name], located at [Your Company Address], and the Client.
Scope of Services
The services to be provided under this Agreement, include but are not limited to:
<ul> <li>Custom Software Development</li> <li>System Integration</li> <li>Consulting and Support</li> </ul>
Payment Terms
The total cost for the services shall be, payable as follows:
<ul> <li>Deposit: due upon signing</li> <li>Final Payment: upon completion</li> </ul>
Confidentiality
Both parties agree to maintain confidentiality of all proprietary information exchanged during the term of this Agreement.
Term and Termination
This Agreement shall commence on the date of signing and shall continue until completion of the services, unless terminated earlier by either party with a written notice of days.
Acceptance

By signing below, both parties agree to the terms outlined in this Technology Sol Agreement.	ution
Client Signature	
Your Company Representative Signature	
Date:	