



PCT COMPUTER SERVICES

THE PERSONAL COMPUTER TUTOR

DELUXE GIFT CERTIFICATE



This certificate entitles the recipient as written below to **one** appointment with PCT Computer Services for completely free service*.

*(SOME RESTRICTIONS APPLY - PLEASE SEE AND SIGN AGREEMENT BELOW)

GIVER:	_____	RECIPIENT:	_____
ADDRESS:	_____	ADDRESS:	_____
	_____		_____
PHONE:	(____) _____	PHONE:	(____) _____

To redeem this certificate, please contact PCT Computer Services at (619) 575-5022 to schedule an appointment.

TERMS OF USE:

For this certificate to be valid, the **Giver** AND **Recipient** information must be accurate and filled out by the **Giver**. The date the certificate was received must be filled in. Upon execution of this contract by the **Recipient**, the **Giver** agrees to pay PCT Computer Services for ALL ITEMS involved in the visit provided to the **Recipient** by PCT Computer Services. The **Recipient** must reside in San Diego County. The **Giver** agrees to pay for time used as well as any and all other incidental expenses such as necessary software, equipment, upgrade components or other items deemed necessary and desired by both the **Recipient** and PCT Computer Services. A copy of this certificate will act as a bill to the **Giver** with payment due upon receipt. In the event the **Giver** is unable to render payment, the **Recipient** will be held liable for all expenses. All services will be charged according to the currently posted rates found at:

http://www.pctcomputerservices.com/PCTServices/consultations_&_help.htm

Any additional expenses as mentioned above will be charged according to the cost of the items. This certificate is not transferable and is only executable by the individual named as the **Recipient**. This certificate expires and all agreements on the part of the **Giver** are void 120 days after the date received.

By signing below, the **Giver** and the **Recipient** both agree to abide by the aforementioned terms of this contract.

GIVER: _____ Date signed: _____

RECIPIENT: _____ Date signed: _____

DATE RECEIVED: _____

FOR OFFICIAL USE ONLY - DO NOT WRITE IN BOX

DATE OF SERVICE: _____	CONFIRMATION OF CERTIFICATE: _____
TIME STARTED: _____	TOTAL DUE: _____
TIME ENDED: _____	DATE PAID: _____
DATE BILLED: _____	