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T: 888.724.3999

Please fill out the form below and email to [support@azamba.com](mailto:support@azamba.com)

### INVOICE INFORMATION

Please fill out the following information:

Customer Name:	_____
Phone Number:	_____
E-mail address (where invoice will be sent):	_____

**One-Time Payment (circle one):**

Emergency Support (\$1,400) *Contact immediately*

Standard Support (\$800)  
*Within one business day*

**Problem Description (describe the problem that you are experiencing):**

This fee is to engage an Azamba representative to diagnose a single problem presented by you. The assigned consultant will attempt to resolve the problem within a single call however it is not guaranteed. If the consultant cannot resolve the issue due to environmental, user, data or other unknown factors, a separate bid will be presented for problem resolution.

I agree to pay the above amounts according to the issuer agreement. I hereby authorize Azamba Inc. to invoice me for the above amount.

X \_\_\_\_\_

Signature

\_\_\_\_\_

Date