

Monday, October 3, 22

- Data Recovery
- Data Cabling
- Troubleshooting Experts
- Wireless Networking
- Device Installation
- Remote: Technical Support
- Network Administration
- Network Design
- Web Page Creation
- Upgrade Specialist
- Tutoring

Town of Woodbury Town Supervisor - Thomas Burke 511 Route 32 Highland Mills, NY 10930

Town Supervisor,

We at The PC Surgeon would like to take this opportunity to thank you for being a valued contract customer. Your business and continued support over the years are greatly appreciated. Your loyalty is paramount to us, and you have contributed a great deal to our company's success.

Please know that we strive to exceed your expectations, and as a contract customer, you receive many special, exclusive benefits. These benefits include priority appointments, rapid response, 24-7 technical support, remote repairs and configurations and most importantly, a direct line to the President of the company.

This letter is to remind you that your present contract will expire shortly. You presently have 13.0 (Thirteen) hours available. To assist you in considering a renewal contract, please see the renewal rates we have provided below.

Once again, thank you for the business you have given The PC Surgeon. We truly enjoy working with you and your team and look forward to continuing the relationship we have established over the years.

Sincerely,

Ben Dawson President

PO Box 411 Cornwall, NY 12518 (845) 496-7870

bdawson@thepcsurgeon.com

Visit our website! http://www.thepcsurgeon.com











Block Purchase Form

Please sign and return this authorization to The PC Surgeon as soon as possible. This will insure no interruption of service and guarantee the described savings below.	
☐ Renewal Block Purchase	Presently, you have13.0 block hours remaining, as of 10/03/2022. These hours will be added to your new block purchase, respectively.
□ 50 hour block purchase- \$5,250 (\$105 an Hour)	
The block hours include Normal, Critical, Evening/Weekend Responses and Travel Time. All hours incurred during any lapse of coverage, will be billed at prevailing rates.	
Company Name:	
Department:	
Authorized Signature:	Date:/
Print First and Last Name:	