

MaintenanceProtectorServices™

Increased Profits and Improved Productivity

The Protection & Safety of Assets, Personnel and Work Flow

Service Request Profile

Section One: Contact Information

Company Name: _____ Date: _____

Contact Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Business Telephone: (____) _____ Ext: _____ Fax: (____) _____

Email Address: _____ Mobile Phone: (____) _____

Section Two: Maintenance Information

Number of Support Personnel: _____ Number of Work Orders Per Year: _____

Number of Asset/Equipment Items: _____ Revenue Generated Per Year: \$ _____

Number Contracts in Place: _____ Contracted Dollars: \$ _____

Annual Budget for Support: \$ _____ How many clerical persons: _____

Support Departments:

Department Name: _____ Contact Name: _____

Department Name: _____ Contact Name: _____

Department Name: _____ Contact Name: _____

Department Name: _____ Contact Name: _____

Section Three: Programs in Place

What software program is in place: _____ Cost: \$ _____

Request for Initial On-Site Fee: \$1,900 for one (1) day: Yes No

Request for Operations Evaluation Analysis \$3,900: Yes No

Section Four: Accountant/Accounting Information

Name: _____ Contact: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number (____) _____ Fax (____) _____ Email: _____

Section Five: Support Department InformationDo you have an Operations Manual: Yes NoDo you have a Environment Safety Manual: Yes No

Do you receive these reports a monthly basis:

Cost versus Time Ratio (CVTR): Yes NoMean Time Analysis (MTA): Yes NoInventory Acquisition Value Percentage (IAV%): Yes NoTotal Cost of Operations (TCO): Yes NoInventory Recapture Replacement Value (IVVR): Yes NoOperational Availability (Ao): Yes NoWork Order Trial Journals (WOTJ): Yes NoDaily Call Completions (DCC): Yes NoAnnual Maintenance Summary (AMS): Yes No

Section Six: Off-Site Data Management RequestsPreventive Maintenance (1,000 equipment items) \$99 per month: Yes NoCorrective and Demand Work Orders (250 work order per month) \$ 99 per month: Yes NoPM and Demand Work Orders (500 work orders per month) \$189 per month: Yes NoCorrective and Demand Reports (150 different to select from) \$39 per month: Yes NoAsset Management Reports (add up to 500 assets with reports) \$49 per month: Yes NoOther: _____ Yes No

Section Seven: Authorizations

Monthly Fee Proposed: \$ _____ Payment Date: _____

Initial On-Site Fee: \$ _____ Date Approved: _____

Operations Evaluation Analysis: \$ _____ Date Approved: _____

Annual Contract Fee: \$ _____ Date Approved: _____

Authorized Signature: _____ Date: _____

Authorized Telephone Contact Number: (____) _____ Extension: _____