

# CCA MEDICAL Request for Quote

This document represents agreement between CCA MEDICAL (CCA) and \_\_\_\_\_ (Client) for CCA to provide a quotation to produce the customized software described in the attached Business Specification.

## CONDITIONS OF SERVICE

1. Client to attach a Business Specification which describes the customization desired. This description should be as detailed as possible and, where applicable, include samples, layouts &/or screenshots.
2. Based on the Business Specification, CCA will investigate the project and prepare a Technical Specification if the project is possible. The Technical Specification, along with a quote, will be submitted to Client for approval via a Customization Agreement.
3. Client will be responsible for reviewing and approving the produced Technical Specification to verify it complies with their Business Specification.
4. Any changes to the attached Business Specification after development of the Technical Specification and quote will be assigned a new customization number and require another Technical Specification phase, voiding any previous quote or project target completion dates.

## TERMS

1. A Senior Programming Analyst will create the Technical Specification. **Up to 1/4 hour of analysis time in developing the quote is provided at no charge. Should an extensive analysis be required that exceeds 1/4 hour, such time will be billable at \$150 per hour; however, the client will be contacted for approval prior to any charges being incurred.**
2. Charges generated by the creation of this quote are billable charges to the Client and are payable to CCA regardless of whether the Quote is accepted or the customization written.
3. Terms will be **Net 30** from the date the resulting Customization Agreement is delivered to Client.

### CCA MEDICAL

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Deborah Yochum  
Printed Name

Printed Name

VP-Operations  
Title

Title

\_\_\_\_\_  
(Client)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

6/16/08

RETURN COMPLETED FORM and YOUR BUSINESS SPECIFICATIONS TO:  
DEBORAH YOCHUM  
CCA MEDICAL FAX: 864-271-1755