Comput@medic

You can fill me in "on-screen" - just scroll the page down and fill in the boxes as required. Then just print the document and post it back to us - remember to sign it first though!!!

Comput@medic Health Assurance

As someone who has benefited from our services in the past, I thought you might be interested to hear about a scheme we have recently introduced with a view to eliminating the unplanned costs of computer repairs.

With the benefit of more than 10 years experience of PC repair, we find that the vast majority of problems are from software issues – whether it be Adware, Trojans, viruses or just poorly performing applications – and rarely are the problems associated with the failure of the hardware.

The extended warranties offered by the majority of manufacturers are largely intended to protect you from hardware failure – and most will not cover the typical software problems you are likely to encounter.

Our new Health Assurance Scheme is intended to protect your PC from exactly the things most likely to affect you – at a guaranteed price. For as little as £10 per month we will come to your home or office and resolve software problems without any additional charge. If any parts are required they would be charged at market rates as normal.

If you have more than 1 PC we will give you a discount on additional units – 25% for the second and 50% for 3 to 10.

Once enrolled into the scheme you can call us as often as you wish and we will visit you as usual – except there will be no additional charge beyond your monthly subscription. We will even book a six monthly visit free to ensure your PC is running smoothly.

Our current hourly rate is £50 so you can see that the major benefit of this scheme is to eliminate the unplanned expense of a surprise breakdown. There is also justification for you to call us **as soon as you suspect a problem**. Many problems we see are made considerably worse by owners' attempts to repair them. With the benefit of the Health Assurance Scheme there is no financial penalty in calling us immediately.

There is no requirement for you to make a long term commitment – one month is the minimum term - and we reserve the right to terminate the contract with one month's written notice. All initial premium payments for the Health Assurance Scheme may be paid by credit/debit card, cheque or cash at the time of application and all subsequent monthly premiums paid by crdit/debit card or Standing Order, arranged directly with your Bank using the form provided overleaf. It is essential that your unique reference number be quoted by your Bank in order that we can track and trace your payments. If you prefer to pay by Credit or Debit Card, including the initial payment, just complete that part of the payment form.

In order to keep the scheme competitive, invoices will be provided on a monthly basis **by e-mail only.**

17 The Oval, Oldbrook, MILTON KEYNES, MK6 2TW Tel: 01908 695361
e-mail: info@computamedic.co.uk web: www.computamedic.co.uk

Comput@medic Health Assurance – Scheme Application

Name:		**Application date:**	
Address:		**Scheme Ref:**	
Postcode:			
Telephone:			
***e-mail:**			

I wish the following computers to be covered under the Health Assurance Scheme and I understand that each PC will be subject to a 6 monthly examination in addition to any ad-hoc calls throughout the year for which no additional charges will be levied for labour. If any parts are required to effect a repair those parts will be charged at normal market rates at the time of the repair.

6 monthly maintenance and free ad-hoc calls will be subject to monthly premiums being up to date.

Unit	Make	Model	**Serial No.	Total
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Total per month: **£** 0.00

Notes:

* It is essential that you enter a valid e-mail address in order that we can send your monthly invoice.

** It is not essential to enter the serial number of your PC(s).

Please forward your completed Application and Payment Forms together with your payment of the first monthly premium to:

Comput@medic
17 The Oval
Oldbrook
MILTON KEYNES
MK6 2TW

If paying by Standing Order the Authority will be forwarded to your Bank once we have added your unique reference number. This reference number will appear on each of your invoices and should be quoted if you need to place an ad-hoc call at any time. Credit/Debit Card payments will be processed on the same day each month.

Please note that the date of your first Standing Order payment should be 1 month from the date of your application and initial payment.

Comput@medic Health Assurance Scheme
STANDING ORDER/PAYMENT FORM

I would like to pay my monthly premium by Standing Order to Computamedic

Your name _____

Your address _____

_____

_____

_____

Your bank details

Name of your bank/building society _____

Address of your bank/building society _____

_____

Postcode: _____

Full name(s) of account holder(s) _____

Your branch sort code number ☐☐ - ☐☐ - ☐☐

Your current account number ☐☐☐☐☐☐☐☐

My monthly premium is £_____ Start date_____

(Date on which your standing order should begin)
and on the same day every calendar month thereafter until cancelled by me.

Instructions to bank/building society:

This instruction supersedes all previous instructions relating to **Computamedic**. Payments should be made on the date indicated above to the following account:

Account name: **Computamedic** Sort code: **82 – 1 9 -- 74** Account number: **10393792**

Bank Address: **Virgin Money (Clydesdale Bank plc)**

All payments should quote the unique reference number: _____ (Office use only)
and/or the account name of the remitting account.

If you prefer to pay by **Credit or Debit Card** (including your first payment) please complete the following section leaving the Standing Order section above blank.

Please charge my Credit/Debit Card account with the amount of £_____ and subsequently each month thereafter.

Cardholder: _____

Card No: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐ Switch/Maestro only

Start Date: ☐☐☐☐ Exp: ☐☐☐☐ Card Security Code ☐☐☐ (last 3 on signature strip)

Your signature(s) _____ Date _____

Please sign and return this form to your Bank