



Professional Services Order Form (PSOF #)

Client Information

Company Name: _____ ("Client")

Contact: _____

Phone: _____

Address: _____

Fax: _____

E-mail: _____

Project Specifications (the "Services")

("PBSI") will provide the Services and Deliverables described below (or, if applicable, on the attached Statement of Work).

Description of Services

Item Description or ☐ See attached Statement of Work (SOW) incorporated herein.

Fees (if Fixed Cost or
Retainer Hours)

Total Fees: _____

Project Billing

Engagement Type:

Fixed Cost Engagement: ☐ (line items above)

Retainer: ☐ Hours ☐ Days

Time & Materials: ☐ Hours ☐ Days (rates shown below)

Minimum Hours:

Invoice schedule:

Hourly Rate Billing (T&M, as delivered) ☐

Scheduled Billing (see SOW for Schedule) ☐

Retainer Billing (upon signing) ☐

Role	Rates N. America:	Rates Offshore:	Hours/ Days	Total Estimate
Select One	\$	\$		\$
Select One	\$	\$		\$
Select One	\$	\$		\$
Select One	\$	\$		\$
TOTAL				\$

Project Authorization

PBSI's provision of Services and Deliverables described above or in the attached SOW are subject to the terms set out at <http://www.pitneybowes.com/us/license-terms-of-use/professional-service-agreement-americas.html> or ☐ the Professional Services Agreement No. _____ dated _____ between the parties (as indicated, the "Agreement"). In the event of a conflict between the terms of the Agreement and this PSOF, the terms and conditions of this PSOF will govern. This PSOF, if not executed by _____, will expire and a new PSOF will need to be provided for work to be performed. By signing below, each party acknowledges that it has read, understood, and agreed to the terms and conditions of the Agreement and that the individual signing below is authorized to execute the Agreement and this PSOF on behalf of Client and PBSI.

Client

By: _____

Name: _____

Title: _____

Date: _____

PBSI

By: _____

Name: _____

Title: _____

Date: _____

Statement of Work to PSOF

1. Description of Services:

- a. In Scope*
- b. Out of Scope*
- c. Assumptions*
- d. Dependencies*
- e. Estimated Project Timeline*
- f. Deliverables*

2. Acceptance: (REMOVE IF NOT APPLICABLE)

Client will have three (3) business days from the date each Deliverable is delivered (the "Acceptance Period") to inspect and test each Deliverable to ensure that it substantially conforms in all material respects to any applicable specifications set out in the PSOF and this SOW and any applicable Change Order ("Acceptance Criteria"). If Client believes that all or any portion of each Deliverable fails to conform to such Acceptance Criteria, Client will provide PBSI written notice setting forth in reasonable detail the reasons why Client believes the Deliverable does not so conform. PBSI will then have thirty (30) days from the date of receipt of such notice in which to correct, at no charge to Client, the non-conforming elements of the Deliverable. Client will then have five (5) business days to confirm that the resubmitted Deliverable conforms to the Acceptance Criteria. If the Deliverable does not comply with the Acceptance Criteria after resubmission, then Client may, at its sole discretion, either: (a) extend the Acceptance Period for an additional fifteen (15) days in which case this Section will continue to apply; or (b) terminate the PSOF, in which event: (i) PBSI will immediately cease performance of the Services; (ii) Client will incur no further liability with regards to the payment of additional fees; and (iii) PBSI will refund the fees paid for the non-conforming Deliverable. Failure to provide notice of non-conformity within the Acceptance Period constitutes acceptance of each Deliverable.

3. Scheduled Billing: (REMOVE IF NOT APPLICABLE)

Client will pay the fees for each Deliverable set forth below as it is delivered in accordance with the payment terms set forth in the Agreement.

Billing Event (milestone or date)	Billing Description	Fees
TOTAL FEES:		