



ARKONA Custom Network Assistance

Date: _____

Dealership Name: _____ **Phone#:** _____

IT Contact Name: _____ **Phone#:** _____

Description of Task: _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Notice: There will be a \$150.00 per hour charge (minimum 1 hour) for work stated above. The above description will be evaluated by the ARKONA Network Department to assess feasibility and compatibility issues.

Please Sign and Fax to: 1-801-880-7296 ATTN: ARKONA Network Group

Contact Signature

Once this request has been signed and faxed to the ARKONA Network Group you will be contacted quickly. **It is advised that this form be submitted at least one day prior to setup.**