

v040313

Date: 5-19-14

Nevill Document Solutions, LLC, herein after referred to as "NDS" and the following named customer, herein after referred to as "Customer", agree for the maintenance of one or more products as described below, according to the terms and conditions on the reverse, which the customer has read in full:

Customer Name Webb County Community Action Agency
 Business Address 1110 Washington
 City Laredo State Tx Zip 78040 Telephone (956) 523-4182
 Customer # _____ Key Operator _____ Zone _____

MAINTENANCE COVERAGE: COPIER PRINTER FAX SCANNER (SELECT SERVICE BELOW)

- Nevill Full Service** coverage includes labor, parts, drums & supplies (excluding color toner, paper & staples).
- Nevill Standard Service** coverage includes labor & parts only (excludes drum, fuser, image unit, paper, staples, toner & transfer belts).

MAINTENANCE PLAN: (SELECT ONE)

- Annual Agreement *** : rate \$ _____ per year. Coverage is for one year from contract Beginning Date.
- Annual Time or Usage Contract *** : rate \$ _____ per year. Coverage is for one year from contract Beginning Date or _____ prints, whichever occurs first.
- Annual Contract with a Rate *** of \$.008 per month / quarter. Coverage includes in arrears allowable black & white prints per month / quarter, and overages invoiced in arrears monthly / quarterly at \$ _____ per print.
 Single sheet scans invoiced in arrears at the rate of \$.002 per print. *all pricing does not include tax

Program Type _____ Beginning Meter _____ Beginning Date _____

Equipment Make, Model & Description	Serial Number	Equipment ID #
<u>Toshiba E-Studio 455</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

special instructions: _____

Customer Acceptance
 This Contract, consisting of the terms & conditions appearing above and on the reverse side, is hereby approved, accepted and executed by the respective parties hereto on the date set forth adjacent to their signatures. By: _____
 Signature: _____ title: _____ date: _____

Nevill Acceptance
 This Contract has no force or effect unless executed by a Service Manager, Service Administrator, or an Officer of the Company.
 Authorized by: Lupita L. Gofierres
 Signature: Lupita L. Gofierres title: Lab Manager date: 5-19-14