

SALES ORDER

Your Local Sales Office: Corpus Christi 361.882.6482 🖂

Fort Worth 817.595.2255

Corporate Headquarters 2825 Story Road West • Irving • TX 75038 469.574.0041 • fax 469.574.0039 www.nevillsolutions.com					Harlingen 956.412.6482 ☐ Laredo 956.753.7212 ☐ McAllen 956.630.2100 ☐					
Sold to: Webb County of Sheriff's Office					Deliver to: Webb County of Sheriff's Office					
Billing Address 902 Victoria St.					Address	1001 Wa	shington St. (M	edical)		
City, ST, Zip Laredo, Texas 78043					City, ST, Zip Laredo, Texas 78043					
Contact Jo					Contact (for service) Joe Lopez					
PH# (956) 523-4500 Fax#					PH# (956) 523-4500 Fax#					
Email joe@	Email joe@webbcountytx.gov					Email joe@webbcountytx.gov				
Meter Cont	act Email: jo	e@webbco	untytx.gov							
NEVILL Billing Code					NEVILL Shipping Code					
Custome	Customer Status Leasing Company Date			Date	of Sale Customer's PO#			Sales Consultant		
☐ New [Lupita L	ıpita Lopez Gutierre	
Requested [Delivery/Met	hod		l .		Terms	☐ Cash		Rental	
Quantity	Item num	ber MA		Product D	escription	<u>.</u>	Unit Price	Ev	ctended Price	
1			Product Description Kyocera Taskalfa 3551ci Color N			/IF Syste				
			1			0,010				
			35 PPM Color & Black							
			Standard Print/Copy and Scan 175 Sheet Dual Scan Documen							
						Process				
				Sheet Pap						
			150 Sheet Multi Purpose Tray							
			Fax Syste	em						
			1K Staple	r Finisher						
Constat to the same										
Special Instructio	ons / Lease Appro	oval Number				***	Freight			
							Subtotal	<u>. </u>		
	**						Sales Tax			
See reverse side for terms and conditions of sale. Signature below indicates agreement of all terms.							TOTAL DUE			
Customer Signature				Title County Judge			Date	<u> </u>		



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Corporate Headquarters 2825 Story Road West • Irving • TX 75038 469.574.0041 • fax 469.574.0039 www.nevillsolutions.com							La	ngen iredo Allen	956.7	112.6482	
Sold to: Webb County of Sheriff's Office					Deliver to: Webb County of Sheriff's Office						
Billing Address 902 Victoria St.					Address 1001 Washington St. (Medical)						
City, ST, Zip Laredo, Texas 78043					City, ST, Zip Laredo, Texas 78043						
Contact Jo	e Lopez					Contact (for service) Joe Lopez					
PH# (956) \$	523-4500		Fax#			PH# (956) 523-4500 Fax#					
Email joe@webbcountytx.gov					Email joe	@webbco	untytx.gov				
Meter Cont	act Email: ^{j©}	oe@w	ebbcou	untytx.gov							
NEVILL Billing Code					NEVILL Shipping Code						
Custome	Customer Status Leasing C		ompany Date of Sale		Customer's PO#		Sales Consultant				
☐ New	I Existing ■ Existing	ND:	S						Lupita Lopez Gutierre.		
Requested I	Requested Delivery/Method						Terms	☐ Cash	区 Le	ase	☐ Rental
Quantity	Item nun	nber	MA		Product D	escription		Unit Price		Exte	nded Price
1				Kyocera Taskalfa 3551ci Col		51ci Color M	1F Syste				
			35 PPM Color & Bla		ck						
	Standard Print/Copy			and Scan							
175 Sheet Dual Sca					n Document	Process					
				Dual 500 Sheet Paper Drawer							
	150 Sheet Multi Purpose				oose Tray						
				Fax System							
				1K Stapler Finisher							
Special instruction	ns / Lease Appr	oval Nui	mber					Freight			
							Subtotal				
							Sales Tax				
	See reverse side for terms and conditions of sale. Signature below indicates agreement of all terms.						TOTAL DUE				
Customer Signature				Title County Judge				Date	ı		



TOTAL IMAGE MANAGEMENT SLG

			Agreement No.			
EQUIPMENT DESCRIPTION						
Equipment MFG Model & Description Kyocera Taskalfa 355ci Kyocera Taskalfa 3551ci	Serial N	umber	Accessories			
See attached schedule for additional Equipment / Accessories						
Billing Address: 902 Victoria St. Laredo, Texas 78043						
Equipment Location: 902 Victoria St. Laredo, Texas 78043						
SUPPLIER TRANSACTION TE						
Term: <u>39</u> (months)	Minimum Monthly F	[∍] ayment: \$ <u>599.78</u> (ړ	plus applicable taxes)			
NDS Leasing Excess Per Image Billing	-	•				
1 do TV 75020	Monthly Quarterly Semi-Annually Annually Document Fee: \$75.00 (included on first invoice) Supplier Fuel/Freight Fee: \$ per month (Not to exceed \$75.00 per month)					
The following additional	The following additional payments are due on the date this Agreement is signed by you:					
Advance Payment: \$						
Image Type Minimum Nu	mber of Images		Excess Per Image Charge			
YOU HAVE SELECTED THE EQUIPMENT, THE SUPPLIER AND IT'S REPRESENTATIVES ARE NOT AGENTS C AWARE OF THE NAME OF THE MANUFACTURER OF EACH ITEM OF EQUIPMENT AND YOU WILL CONTAC						
EXPRESS OR IMPLIED, AS TO THE MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, SUITABIL THE LAWFUL CONDUCT OF YOUR BUSINESS, AND NOT FOR PERSONAL, HOUSEHOLD OR FAMILY PURPO WARRANTY OF ANY KIND, EXPRESS OR IMPLIED, WITH RESPECT TO THE LEGAL; TAX OR ACCOUNTING	ITY OR OTHERWISE. WE SES. WE SHALL NOT BE	E PROVIDE THE EQUIPMENT LIABLE FOR CONSEQUENTI	T TO YOU AS-IS, YOU AGREE TO USE THE EQUIPMENT ONLY IN IAL OR SPECIAL DAMAGES, WE MAKE NO REPRESENTATION OR			
NOT A FIDUCIARY OF CUSTOMER. YOU WILL OBTAIN YOUR OWN LEGAL, TAX AND ACCOUNTING ADVICE	RELATED TO THIS AGRE	EEMENT AND WILL MAKE YO	OUR OWN DETERMINATION OF THE PROPER AGREEMENT TERM			
FOR ACCOUNTING PURPOSES. EXCEPT TO THE EXTENT PROVIDED IN SECTION 2, YOUR PAYMENT (SETOFF FOR ANY REASON WHATSOEVER, BOTH PARTIES AGREE TO WAIVE ALL RIGHTS TO A JURY 1						
PRINCIPAL PLACE OF BUSINESS AND SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH	H SUCH LAWS, YOU HERE	EBY IRREVOCABLY SUBMIT	GENERALLY AND UNCONDITIONALLY TO THE JURISDICTION OF			
ANY SUCH COURT SO ELECTED BY THE OWNER OR ITS ASSIGNEE IN RELATION TO SUCH MATTERS. T LAW REQUIRES ALL FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY AND RECORD INFORMATION THAT ID						
WE WILL ASK FOR YOUR NAME, ADDRESS AND OTHER INFORMATION THAT WILL ALLOW US TO I	DENTIFY YOU, WE MAY	Y ALSO ASK TO SEE IDEN	ITIFYING DOCUMENTS. BY SIGNING THIS AGREEMENT, YOU			
ACKNOWLEDGE RECEIPT OF PAGES 1 AND 2 OF THIS AGREEMENT AND AGREE TO THE TERMS OF PA ENFORCING REPAYMENT OF A DEBT INCLUDING PROMISES TO EXTEND OR RENEW SUCH DEBT ARE NO						
WE REACH COVERING SUCH MATTERS ARE CONTAINED IN THIS WRITING, WHICH IS THE COMPLETE AN MODIFY IT.	ND EXCLUSIVE STATEME					
TERMS COMMENCEMENT OF AGREEMENT. Commencement of this Agreement and acceptance of the Equipment si	: AND CONDITIONS hall occur upon delivery of t	the Equipment to you ("Comm-	encement Date"). To the extent that the Equipment Includes intangible			
property or associated services such as periodic software licenses and prepaid database subscription rights, such software and you will comply throughout the Term of this Agreement with any license and/or other agreement ("So Software License with the Software Supplier no later than the Commencement Date of this Agreement. You agree to it accepted by you under this Agreement unless you notify us within three (3) days of delivery that you do not accept the Agreement and you will assume all our rights under any purchase order or agreement entered into by us to buy the you assign to us all of your rights, but none of your obligations under it. All attachments, accessories, replacements, rec. IMAGE CHARGES. Each month during the Term of this Agreement, you agree to remit to us the Minimum Montifur the Minimum Payment, you are entitled to procluce the Minimum Number of Images for each applicable I asse of sole proprietorships), direct debit or wires only. You also agree cash and cash equivalents are not acceptated allows processing or be returned to you. Furthermore, only you or your authorized agent as approved by us will remit;	oftware License") entered in inspect the Equipment upon the Equipment and specify to Equipment. If you signed a replacement parts, substitution they Payment ("Minimum Pay, Image Type each month. You le forms of payment for this properties.	nto with the supplier of the Sof in delivery and verify by telephot the defect or malfunction. In the a purchase order or similar agr ions, additions and repairs to the ment") and all other sums when ou agree that you will remit pay is Agreement and that you will	fiware ("Software Supplier"). You are responsible for entering into any one or in writing such information as we may require. The Equipment is at event, we will replace the defective item of Equipment or cancel this reement for the purchase of the Equipment, by signing this Agreement the Equipment shall form part of the Equipment under this Agreement. In due and payable at the address we provide to you from time to time, yments to us in the form of company checks (or personal checks in the not remit such forms of payment to us. Payment in any other form may			
our request. You also agree to pay us the applicable Excess Per Image Charge (plus applicable taxes) for each me for not provide us with meter readings within seven (7) days of request. We will adjust the estimated charge for exce. Payment, You agree that after the first twelve (12) months of the Term (or any extension or renewal) of this Agreemen may be increased by an amount equal to the lesser of: (a) up to 15% of the Minimum Payments and Excess Per Imag	etered image that exceeds t ess images upon receipt of a nt, and at the end of each fo	the applicable Minimum Numb actual meter readings. Notwiths ollowing twelve (12) month peri	er of Images. We may estimate the number of Images produced if you standing any adjustments, you will never pay us less than the Minimum fod thereafter, the Minimum Payments and Excess Per Image Charges			
At our option, you will: (a) provide us by telephone or facsimile the actual meter readings when requested by us; (b)			.			
meter reading device to the Equipment. We may audit any automatic meter reading device periodically. Minimum Pr service, repair or maintenance of the Equipment (including without limitation, any Equipment designated "Service On	•	•	· · · · · · · · · · · · · · · · · · ·			
amounts. You authorize us to adjust the Minimum Payments by not more than 15% to reflect any reconfiguration of the						
NON-APPROPRIATION OF FUNDS. You intend to remit to us all Minimum Payments and other payments for the full Equipment or for equipment which is functionally similar to the Equipment and operating funds are not otherwise avai						
legal procedure or available funds by or with which payment can be made to us, and the non-appropriation did no						
Agreement and terminate this Agreement on the last day of the fiscal period for which appropriations were recei appropriated and budgeted. At least thirty (30) days prior to the end of your fiscal period, your chief executive o			•			
appropriation did not result from any act or failure to act by you; and (c) you have exhausted all funds legally availat lease or rent, during the subsequent fiscal period, equipment performing the same functions as, or functions taking		•				
ease or rent, during the subsequent hazar period, equipment periorning the senie (dictions as, or functions texing extent that the application of these restrictions would affect the validity of this Agreement. This Section 2 shall not pe	• • •		•			
essentially the application for which the Equipment is intended. 3. <u>QTHER CHARGES</u> . You agree to: (a) pay all assessments, taxes and charges governmentally imposed upon	Chamar's purchase awasts	hin nossession iessing centil	ng progration control or use and haviall premiums and other posts of			
insuring the Equipment; (b) reimburse as for all costs and expenses incurred in enforcing this Agreement; and (c) p	ay all other costs and expe	enses for which you are obligate	ed under this Agreement, NOTWITHSTANDING THE FACT THAT YOU			
MAY BE EXEMPT FROM THE PAYMENT OF PERSONAL PROPERTY TAXES, you acknowledge that as the owner of the	ne Equipment, we may be re	quired to pay property taxes, a	and you agree, at our discretion, to either: (1) reimburse Continued on page 2			
OWNER ("(We", "Us")	CUSTOMER	("You")				
NDS Leasing		nty of (Sheriff's	Office)			
-	(Customer Full Legal					
By: X	By: X					
Name:	Name:		Title:			

Date:

Date:

74-60015872

Federal Tax ID:



GOLD LEVEL COLOR MAINTENANCE CONTRACT

V070115 Date: July 31, 2015

referred to as "Customer", agree for the mainter terms and conditions on the reverse, which the cu		
Customer Name Webb County of Sheriff's Office	ce ·	
Business Address 902 Victoria St.		
City Laredo	State Tx Zip 78043	Telephone (956) 523-4500
Customer # Key Operator		
COLOR MAINTENANCE COVERAGE:	MDS ☑ COPIER ☑ PRINTE	R ☑FAX ☐SCANNER
(SEL	ECT SERVICE BELOW)	
✓ Nevill Full Service coverage includes labor, parts	, drums & supplies (excludes paper & s	taples).
Nevill Standard Service coverage includes labor	& parts only (excludes drum, fuser, ima	ge unit, staples, toner & transfer belts).
COLOR MAINTENANCE PLAN: (SELECT ON	1E)	
Annual Agreement *: rate \$per-y	•	ntract-Beginning-Date
Annual Time or Usage Contract *: rate \$		
prints, whichever occurs first.		
Annual Contract with a Rate * of \$ in arrears		· · · · · · · · · · · · · · · · · · ·
prints and in arrears black & white prints	s per month / quarter with overages invo	piced monthly / quarterly at
\$06 per color print and006	per black & white print.	
Single sheet scans invoiced in arrears at the rate of	·	*all pricing does not include ta
Contract # Beginnin	ng MeterBegini	ning Date
Equipment Make, Model & Description	Serial Number	Equipment ID #
Kyocera Taskalfa 3551ci		
Kyocera Taskalfa 3551ci	·	
		
special instructions: no scanning charge		
Customer Acceptance	nce Agreement Declined Signature:	
Customer Acceptance	ppearing above and on the reverse side,	, is hereby approved, accepted and
Customer Acceptance	ppearing above and on the reverse side, set forth adjacent to their signatures.	, is hereby approved, accepted and By:
Customer Acceptance	ppearing above and on the reverse side, set forth adjacent to their signatures.	, is hereby approved, accepted and By:
Customer Acceptance	pearing above and on the reverse side, set forth adjacent to their signatures.	, is hereby approved, accepted and By: date:
Customer Acceptance	pearing above and on the reverse side, set forth adjacent to their signatures.	, is hereby approved, accepted and By: date: