

**SERVICE AGREEMENT PROGRAM**

Webb County  
1110 Washington St.  
Laredo, TX 78042  
Webb County Offices

**COVERED ITEMS**

We propose to furnish the materials and perform the labor necessary for the completion of the Scheduled Maintenance & Service Program on system(s):

| Serviceable Item | Serial Number | Location                      |
|------------------|---------------|-------------------------------|
| 362              | 30413         | Lektrevier-Treasurer's Office |

**SERVICE LEVEL OPTIONS**

Platinum Plan (Preventative Maintenance, Labor, and Discounted Parts Program)

- \* Two scheduled Preventative Maintenance inspection per year.
- \* Covers 100% of all Labor Service charges for repairs.
- \* 25% discount for all parts required as a result of normal wear & tear.  
Does not include operator error or misuse.
- \* Additional investment required for repairs performed outside of normal business hours.



Annual Investment to insure the safety of your equipment:

Program effective dates: 10/1/16 through 9/30/17

**\$1,317.31**

For Extended Agreements we will apply a 5% discount on a 2 year price total and 10% discount on a 3 year price total.

**\*24/7/365 SCHEDULED MAINTENANCE & SERVICE PROGRAMS AVAILABLE UPON REQUEST.** If you are interested in this type of program please email Chelsea Brown for more details at [chelseabrown@southwestsolutions.com](mailto:chelseabrown@southwestsolutions.com).

Southwest Solutions Group would like to thank you for the opportunity to serve you and our team looks forward to serving you in other areas, please visit our website at [www.southwestsolutions.com](http://www.southwestsolutions.com) for more products & services.

Sincerely,  
Chelsea Brown  
Direct: 972-331-8876  
Cell: 214-998-0045  
Fax: 888-980-8177  
[chelseabrown@southwestsolutions.com](mailto:chelseabrown@southwestsolutions.com)

Example of Inspection Report:

**KARDEX** Service Center \_\_\_\_\_

Customer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Operator: \_\_\_\_\_ Telex: \_\_\_\_\_  
 Department: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Location: \_\_\_\_\_

Service Procedure: \_\_\_\_\_  
 Horizontal Clearance: \_\_\_\_\_

Date: \_\_\_\_\_

REPAIR INSTRUCTIONS:

1. Working and information signs (P 1)  
 - Check if all working and information signs are in place and legible.  
 - Add missing signs.

2. Safety devices (P 2)  
 - Check if all safety devices are in place and functional.  
 - Add missing safety devices.

3. Safety devices (P 3)  
 - Check if all safety devices are in place and functional.  
 - Add missing safety devices.

4. Sliding doors (P 4)  
 - Check if all sliding doors are in place and functional.  
 - Add missing sliding doors.

5. Visible layout of cables (P 5)  
 - Check if all cables are visible and labeled.  
 - Add missing labels.

REMARKS: TEST OF SPOT REPAIRS:

1. Test buttons (P 1)  
 - Check if all buttons are in place and functional.  
 - Add missing buttons.

2. Carriers (P 2)  
 - Check if all carriers are in place and functional.  
 - Add missing carriers.

3. Carrier chains (P 3)  
 - Check if all carrier chains are in place and functional.  
 - Add missing carrier chains.

4. Drive motor, gear, shaft sprocket and deflexion pulley (P 4)  
 - Check if all drive motor, gear, shaft sprocket and deflexion pulley are in place and functional.  
 - Add missing drive motor, gear, shaft sprocket and deflexion pulley.

5. Stoppage distance (P 5)  
 - Check if all stoppage distance are in place and functional.  
 - Add missing stoppage distance.

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Date: \_\_\_\_\_

Job type: \_\_\_\_\_  
 Serial No.: \_\_\_\_\_

Remarks:

TEST OF ELECTRICAL EQUIPMENT:

1. Safety, charge and plug-in connections (P 1)  
 - Check if all safety, charge and plug-in connections are in place and functional.  
 - Add missing safety, charge and plug-in connections.

2. Protective installation of safety signs (P 2)  
 - Check if all protective installation of safety signs are in place and functional.  
 - Add missing protective installation of safety signs.

3. Safety devices (P 3)  
 - Check if all safety devices are in place and functional.  
 - Add missing safety devices.

4. Safety devices (P 4)  
 - Check if all safety devices are in place and functional.  
 - Add missing safety devices.

5. Safety devices (P 5)  
 - Check if all safety devices are in place and functional.  
 - Add missing safety devices.

6. Safety devices (P 6)  
 - Check if all safety devices are in place and functional.  
 - Add missing safety devices.

7. Safety devices (P 7)  
 - Check if all safety devices are in place and functional.  
 - Add missing safety devices.

8. Safety devices (P 8)  
 - Check if all safety devices are in place and functional.  
 - Add missing safety devices.

9. Safety devices (P 9)  
 - Check if all safety devices are in place and functional.  
 - Add missing safety devices.

10. Safety devices (P 10)  
 - Check if all safety devices are in place and functional.  
 - Add missing safety devices.

OTHER INSPECTION:

1. Clearance on floor (P 1)  
 - Check if all clearance on floor are in place and functional.  
 - Add missing clearance on floor.

2. Operation or complete repair by operator or customer (P 2)  
 - Check if all operation or complete repair by operator or customer are in place and functional.  
 - Add missing operation or complete repair by operator or customer.

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For more detail regarding the repair see Technical Manual, chapter Maintenance (Regulation)

If only a safety inspection is carried out (in Germany obligatory in compliance with the rules for the prevention of accidents (UV-Gesetz and BGR 202 A2)) only the items marked **A** are subject to inspection!

Declaration of the ground conductor system in compliance with IEC 60364-7-601 A2, see separate test certificate (see Annex A, page 2) attached by customer.

Test results, depending on country: Germany, Denmark, Spain, France (only of course)

Inspector label with expiration date: \_\_\_\_\_ is attached

Date: \_\_\_\_\_ Signature of service technician: \_\_\_\_\_

Order confirmation:

All maintenance work / safety inspection work performed to our satisfaction and the machine handed over in a functional condition.

Date: \_\_\_\_\_ Signature of technician: \_\_\_\_\_ Customer: \_\_\_\_\_

Customer signature of order: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Place: \_\_\_\_\_

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**ACCEPTANCE PAGE FOR SERVICE AGREEMENT**

*Webb County, Webb County Offices*

When accepted please **CHECK** the option of choice, authorize below, and return a copy to Southwest Solutions Group via email [chelseabrown@southwestsolutions.com](mailto:chelseabrown@southwestsolutions.com) or via fax (888) 980-8177 to the attention of CHELSEA BROWN, please retain original for your records.

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Bill-To Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Purchase Order # if appropriate: \_\_\_\_\_

Attention Accounts Payable: \_\_\_\_\_

If paying by Visa, Master Card, or American Express:

Full Name on Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**OTHER NOTES**

Preventative Maintenance, Service and Repair calls are provided during Southwest Solutions Group's normal work hours Monday - Friday, excluding holidays.

This Agreement does not cover repairs for damages caused by acts of God, vandalism or misuse. Southwest Solutions Group is not responsible for delays or failure to furnish parts or service caused by acts of God, labor unrest, failure of transport or operational errors and causes beyond the control of Southwest Solutions Group.

To help ensure proper operation, you should perform all routine periodic housekeeping duties as outlined in your system's operating manual. You must ensure no foreign matter or debris falls into areas that may hinder normal operation of the equipment, resulting in equipment failure.

Coverage under this Agreement will be voided if the equipment is dismantled, relocated or substantially modified without prior approval from Southwest Solutions Group.