



Installment Plan (IP) #120520191

Between

**SHI Government Solutions (“Payee”)
1301 S. Mo-Pac Expressway
Austin, TX 78746**

And

**County of Webb (“Customer”)
1000 Houston St
Laredo, Texas, 78040**

PAYMENT SCHEDULE:

5 Payments with Payment Due Dates as follows:

12/30/19	\$84,618.77
12/30/20	\$84,618.77
12/30/21	\$84,618.77
12/30/22	\$84,618.77
12/30/23	\$84,618.77

Quotation #: 17969106

Customer Acknowledgment:

The foregoing Payment Schedule correctly sets forth all Payments to be made by the Customer pursuant to this IPP in regards to Customer’s purchase of Microsoft software and support solution. The Customer further acknowledges that the Customer’s obligations to pay Payee and/or any assignee of Payee all Payments and other amounts due under this IPP are absolute, unconditional, non-cancellable and not subject to abatement, setoff, claim, counterclaim, adjustment or defense of any kind, unless an exception is obtained from the Payee (or Payee’s assignee) in writing in advance of the ensuing Payment due date. Payee has the right to assign its rights, title and interest under this IPP to a third party. If any Payment or other amount due under this IPP is not received within ten (10) business days after its due date, Payee shall have the right to require that all unpaid Payments and other amounts become immediately due and payable. Customer agrees to pay interest on all overdue amounts until paid, calculated from the due date at the rate of one and one-half percent (1.50%) per month.

Non-appropriation of Funds. If: (a) sufficient funds are not appropriated and budgeted and are otherwise not available to Customer’s governing body in any fiscal period for the Payments; and (b) Customer has exhausted all funds legally available for such payments due hereunder, then Customer will give Payee written notice and this Agreement and Customer’s right to use and receive the Products will terminate as of the last day of Customer’s fiscal period for which funds for Payments are available. Such termination is without any expense or penalty, except for the portions of the Payments and those expenses associated with the return of all but not less than all of the Products for which funds have been budgeted or appropriated or are otherwise legally available.

Dated:

SHI Government Solutions

County of Webb

By: _____

By: _____ **Y**

Name: Akif Nizam

Name: _____

Title: Controller

Title: _____



**CERTIFICATE OF
INCUMBENCY AND
AUTHORITY**

I, _____ ☒ (insert name of “**Certifying Representative**) of County of Webb (“**Customer**”), do hereby certify that:

1. I, the Certifying Representative, am the _____ ☒ Representative of Customer.

(Insert title of Certifying Representative)

2. Set forth below are the names and true signatures of individuals (each an “**Authorized Representative**”) that I know to be an officer, manager, member or representative of the Customer, with the title set forth opposite his or her respective name.

3. Each Authorized Representative has the requisite power and authority to bind the Customer to, and sign on behalf of the Customer, any and all agreements, including, but not limited to, installment payment agreements, leases, loans, guaranties and/or collateral pledges (each an “**Authorized Transaction**”), with **SHI International Corp. (“SHI”)** and the specimen signature written opposite each such Authorized Representative’s name is such Authorized Representative’s genuine signature. Until SHI receives notice in writing of any change or limitation of the authority of the Authorized Representative(s), SHI may rely upon the authority and power of such Authorized Representatives to bind the Customer in connection with Authorized Transactions as set forth in this Certificate.

Title	Name of Authorized Representative	Signature
		<input checked="" type="checkbox"/>

4. All previous acts of, and all documents and papers heretofore executed and delivered by, any Authorized Representative in connection with any Authorized Transaction are ratified and approved as the acts of the Customer.

IN WITNESS WHEREOF, the undersigned Certifying Representative has executed this Certificate as of _____, 2019.

Certifying Representative’s Signature: ** _____ ☒

Print Name:

Title:

**** When preparing this Certificate, please note:**

- (1) The Certifying Representative cannot be the Authorized Representative**
- (2) One of the Authorized Representatives has executed all of the documents**
- (3) The Certifying Representative confirms that the Authorized Representative(s), is/are authorized to execute binding agreements on behalf of the Customer**



Customer Service/Billing Information Form

Customer: **County of Webb**

Please provide us with the following information so that we may better meet your invoicing needs.

Billing Information:

Accounts Payable

Contact Name:

Accounts Payable Email:

Accounts Payable Phone:

Accounts Payable Fax:

Billing Address: City/State/Zip:

Equipment Address:

City/State/Zip:

* Purchase Order #:

* Other:

** if provided, the above reference(s) will be listed on each invoice.*

Completed By:

Title: