

**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	Lektiever-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 \_\_\_\_\_ Operator \_\_\_\_\_ Telephone \_\_\_\_\_  
 Department \_\_\_\_\_ Title \_\_\_\_\_  
 Location \_\_\_\_\_ E-mail \_\_\_\_\_

**Service Procedures:**  
 Horizontal Cylinders

Type: \_\_\_\_\_  
 Serial number: \_\_\_\_\_  
 1. If all indicators \_\_\_\_\_  
 2. Inventory no. \_\_\_\_\_  
 3. Serial no. \_\_\_\_\_  
 For serial nos. 1-1000 or less, manufacturer code \_\_\_\_\_  
 4. Lot number \_\_\_\_\_  
 5. Date of manufacture \_\_\_\_\_  
 6. Serial number \_\_\_\_\_  
 7. Date of purchase \_\_\_\_\_  
 8. Date of inspection \_\_\_\_\_  
 9. Date of repair \_\_\_\_\_  
 10. Date of return \_\_\_\_\_

**Visual Inspection:**  
 1. General appearance: clean, rust-free, signs of damage \_\_\_\_\_  
 2. Mechanical components: \_\_\_\_\_  
 3. Electrical components: \_\_\_\_\_  
 4. Safety devices: \_\_\_\_\_  
 5. Visible hydraulic cables: \_\_\_\_\_

**Operational Test:**  
 1. Start engine (if applicable) \_\_\_\_\_  
 2. Check operation of all controls \_\_\_\_\_  
 3. Check operation of all safety devices \_\_\_\_\_  
 4. Check operation of all hydraulic functions \_\_\_\_\_  
 5. Check operation of all electrical functions \_\_\_\_\_  
 6. Check operation of all other functions \_\_\_\_\_

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

Model type: \_\_\_\_\_  
 Serial no.: \_\_\_\_\_

**TEST OF ELECTRICAL EQUIPMENT:**

1. Electrical components and connections \_\_\_\_\_  
 2. Safety devices (if applicable) \_\_\_\_\_  
 3. Electrical system (if applicable) \_\_\_\_\_  
 4. Electrical system (if applicable) \_\_\_\_\_  
 5. Electrical system (if applicable) \_\_\_\_\_  
 6. Electrical system (if applicable) \_\_\_\_\_  
 7. Electrical system (if applicable) \_\_\_\_\_  
 8. Electrical system (if applicable) \_\_\_\_\_  
 9. Electrical system (if applicable) \_\_\_\_\_  
 10. Electrical system (if applicable) \_\_\_\_\_

**OTHER INSPECTIONS:**  
 1. Condition on floor \_\_\_\_\_  
 2. Lubrication or completion noted by operator or customer \_\_\_\_\_

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For more detail regarding the tests see Technical Manual, chapter Maintenance Regulations.

(\*) If safety inspection is carried out in accordance with the rules for the prevention of accidents (BGR/DGG A1 and BGR/DGG A2) only the items marked **A** are subject to inspection.

Examination of the general condition system in accordance with BGR/DGG A1 + A2 + A3, see separate test certificate attached if only it required by customer.

Test results, depending on country (in Germany **certification**, **cert** = certificate of owner)

Inspection label with inspection date: \_\_\_\_\_ use attached

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

**Other conditions:**  
 All maintenance work / safety measures were performed to our satisfaction and the machine handed over in a functional condition.

Date: \_\_\_\_\_ Signature of technician: \_\_\_\_\_ Owner: \_\_\_\_\_

**Customer evaluation of service technician**  
 Please tick:

Very good  Good  Satisfactory  Not satisfactory  Very poor

Remarks: \_\_\_\_\_

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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: *Dulce Pevaloz* Date: *10-12-16*

Title: *Webb County Treasurer*

Bill-To Address: *1110 Washington St., Ste. 202*

City: *Laredo* State: *Tx* Zipcode: *78040*

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**

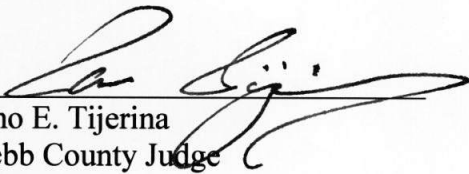
Preventative Maintenance, Service and Repair calls are provided during Southwest Solutions Group's normal work hours Monday - Friday, excluding holidays.

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.

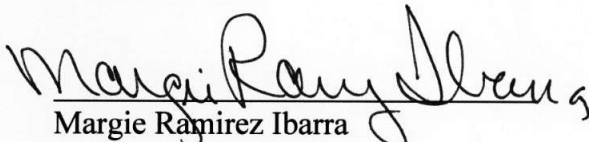
To help ensure proper operation, you should perform all routine periodic housekeeping duties as outlined in your system's operating manual. You must ensure no foreign matter or debris falls into areas that may hinder normal operation of the equipment, resulting in equipment failure.

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

**WEBB COUNTY**


  
Tano E. Tijerina  
Webb County Judge

**ATTESTED:**

  
Margie Ramirez Ibarra  
Webb County Clerk



**APPROVED AS TO FORM:**

  
Marco A. Montemayor  
Webb County Attorney

**\*By law, the county attorney's office may only advise or approve contracts or legal documents on behalf of its clients. It may not advise or approve a contract or legal document on behalf of other parties. Our review of this document was conducted solely from the legal perspective of our client. Our approval of this document was offered solely for the benefit of our client. Other parties should not rely on this approval, and should seek review and approval of their own respective attorney(s).**