

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 | Manufacturer | ProductType | Location |
|------------------|---------------|-------------------|---------------------------------|----------------------------|
| 367 | 30775 | KardexRemstar Inc | Vertical Carousel-Lektriever | Lektriever-County Attorney |

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.

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 for more products & services.

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

Example of Inspection Report:

KARDEX Service Center _____

Customer _____
 Operator _____ Telephone _____
 Department _____
 Location _____

Service Procedure _____
 Horizontal Carouse!

Form number _____
 Date of production _____
 Full name version _____
 Inventory no. _____
 Working No. _____
 Use only on first test in new installation case!

Last service _____
 Checked by _____
 Motor running time since last service _____
 Motor run time cycles since last service _____

Remarks _____

VISUAL INSPECTIONS:

1. List malfunctions:
 - Report symptoms, when, where, signs
 - Describe test run

2. Missing and information signs (1):
 - Check for missing or incorrect signs (missing signs)
 - Describe signs

3. Electrical connections:
 - Check for loose connections
 - Check for correct polarity

4. Safety devices:
 - Check for correct operation
 - Check for correct adjustment
 - Check for correct setting

5. Visible length of cables:
 - Check for correct length

INSPECTION TEST OF UNIT MECHANICS:

1. Unit test run (1):
 - Run motor in reverse and forward
 - Check for correct operation

2. Carriers:
 - Check for correct operation
 - Check for correct adjustment
 - Check for correct setting

3. Carrier clamps:
 - Check for correct operation
 - Check for correct adjustment
 - Check for correct setting

4. Drive motor, gears, drive sprocket and belt/pulley:
 - Check for correct operation
 - Check for correct adjustment
 - Check for correct setting

5. Stopping distance:
 - Check for correct operation
 - Check for correct adjustment
 - Check for correct setting

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Date: _____

Unit type: _____
 Serial no.: _____

Remarks:

TEST OF ELECTRICAL EQUIPMENT:

1. Electrical safety and ground connections:
 - Check for correct operation
 - Check for correct adjustment
 - Check for correct setting

2. Protection against electric parts:
 - Check for correct operation
 - Check for correct adjustment
 - Check for correct setting

3. Safety devices (1):
 - Check for correct operation
 - Check for correct adjustment
 - Check for correct setting

4. Safety devices (2):
 - Check for correct operation
 - Check for correct adjustment
 - Check for correct setting

5. Safety devices (3):
 - Check for correct operation
 - Check for correct adjustment
 - Check for correct setting

6. Safety devices (4):
 - Check for correct operation
 - Check for correct adjustment
 - Check for correct setting

7. Safety devices (5):
 - Check for correct operation
 - Check for correct adjustment
 - Check for correct setting

8. Safety devices (6):
 - Check for correct operation
 - Check for correct adjustment
 - Check for correct setting

9. Safety devices (7):
 - Check for correct operation
 - Check for correct adjustment
 - Check for correct setting

10. Safety devices (8):
 - Check for correct operation
 - Check for correct adjustment
 - Check for correct setting

11. Safety devices (9):
 - Check for correct operation
 - Check for correct adjustment
 - Check for correct setting

12. Safety devices (10):
 - Check for correct operation
 - Check for correct adjustment
 - Check for correct setting

OTHER INSPECTIONS:

1. Checkpoints on floor:
 - Check for correct operation
 - Check for correct adjustment
 - Check for correct setting

2. Operation or complete tested by operator or customer:
 - Check for correct operation
 - Check for correct adjustment
 - Check for correct setting

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KARDEX Service Center _____

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

(*) If only a safety inspection to be carried out (in Germany obligatory in compliance with the rules for the prevention of accidents UVV BGV A1 and UVV BGV A2) only the items marked with a triangle are subject to inspection.

Explanation of the ground conductor system in compliance with IEC 60364-11 B01/A3, see separate test certificate (if available) (only if indicated by customer)

Test methods, depending on country / in Germany: [www.karDEX.com](#) (only if owner)

Inspection label with inspection date _____ was attached

Date _____
 Signature of service technician _____

Order confirmation:
 All maintenance work / safety inspections were performed to our satisfaction and the customer handed over in a functional condition

Date _____
 Signature of technician _____
 Operator _____

Customer's opinion of our service performance:
 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

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 or via fax (888) 980-8177 to the attention of CHELSEA BROWN, please retain original for your records.

Accepted by: Marco A. Montemayor Date: 12/5/16

Title: Webb County Attorney

Bill-To Address: 1110 Washington Ste. 301

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.

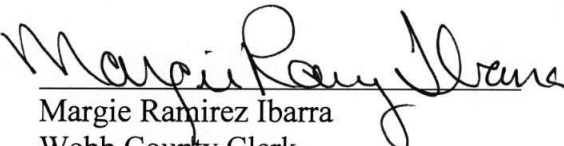
Coverage under this Agreement will be voided if the equipment is dismantled, relocated or substantially modified without prior approval from Southwest Solutions Group.

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).