

**SERVICE AGREEMENT**



Salesman \_\_\_\_\_ Date \_\_\_\_\_  
 Account # \_\_\_\_\_ Route \_\_\_\_\_ Day \_\_\_\_\_

**4. Products & Equipment**  
(Smart Saver Plan)

**VALUE PLAN** Includes dispenser(s) indicated below, if applicable, and \_\_\_\_\_ 5-gal. bottles each billing period.  
(quantity)  
 \$ \_\_\_\_\_ /billing period.

**PRODUCTS**  
 5-Gal \_\_\_\_\_ (type) \_\_\_\_\_ at \$ 4.50 /bottle  
 3-Gal \_\_\_\_\_ (type) \_\_\_\_\_ at \$ \_\_\_\_\_ /bottle  
 Case Water size \_\_\_\_\_ at \$ \_\_\_\_\_ /case  
 Other \_\_\_\_\_  
 Cups \_\_\_\_\_ / \_\_\_\_\_ (type) \_\_\_\_\_ at \$ \_\_\_\_\_ / \_\_\_\_\_ (price) \_\_\_\_\_ (quantity)

**DISPENSERS**  
 Rm Temp/Cold \_\_\_\_\_ \$ \_\_\_\_\_ /Invoice  
(quantity)  
 Hot/Cold \_\_\_\_\_ \$ \_\_\_\_\_ /Invoice  
(quantity)  
 Crock/Stand \_\_\_\_\_ \$ \_\_\_\_\_ /Invoice  
(quantity)  
 Other \_\_\_\_\_  
 Dispenser Serial No(s) \_\_\_\_\_

**FILTRATION SERVICE**

	Filtration	Reverse Osmosis
Under Counter System	_____	_____
Bottleless Cooler Unit	_____	_____
Other _____	_____	_____
	\$ _____ /Invoice	
	\$ _____ Installation Fee	
Equipment Serial No(s)	_____	

**COFFEE SERVICE & EQUIPMENT**

Equipment # \_\_\_\_\_

Coffee \_\_\_\_\_ (quantity) \_\_\_\_\_ (size) \_\_\_\_\_ (type) \_\_\_\_\_ \$ \_\_\_\_\_ (invoice)  
 Equipment \_\_\_\_\_ (quantity) \_\_\_\_\_ (type) \_\_\_\_\_ \$ \_\_\_\_\_ /Invoice  
 Equipment \_\_\_\_\_ (quantity) \_\_\_\_\_ (type) \_\_\_\_\_ \$ \_\_\_\_\_ /Invoice  
 Equipment Serial No(s) \_\_\_\_\_

**Minimum purchase of one 3-gallon or 5-gallon bottle or one case of water (24/case) required per billing period.**

**1. Customer Information**

Residential  Commercial

Name CLAY COUNTY  
 Service Address 214 N MAIN + 100 N BRIDGE  
9 215 W GILBERT Apt./Ste. \_\_\_\_\_  
 City HENRIETTA State TX Zip Code 76365  
 Home Phone (\_\_\_\_) \_\_\_\_\_  
 Work Phone (940) 538-5911  
 E-mail address Danja.Bloodworth@co.clay.tx.us  
 DL # \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(for residential customers)  
 Tax ID # 75-6000861  
(for commercial customers)

**2. Billing Information**

Payment Method:  Check  Credit Card  Debit Card  
 Type of Credit/Debit Card:  MC  Visa  Am. Ex.  Discover  
 Credit/Debit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Expiration Date \_\_\_\_ / \_\_\_\_  
 Smart Pay\* (Recurring Credit/Debit Card Payment)  
 Deposit Only\*  
\*Any invoice over 90 days will automatically be charged)  
 Credit/Debit Card Authorization #: \_\_\_\_\_  
 Name \_\_\_\_\_  
(as it appears on credit/debit card)  
 Billing Address \_\_\_\_\_  
 \_\_\_\_\_ Apt./Ste. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**3. Initial Term of Agreement**  
(Check all that apply)

1 Year  3 Year  5 Year  
 Dispenser Rental & Water Service  
 Water Service  Coffee Service  
 Filtration Service

**Important Terms and Conditions. Read Before Signing**

**SEE ADDITIONAL TERMS AND CONDITIONS ON THE REVERSE SIDE.**  
 You acknowledge that you are the Customer or person authorized by the Customer to accept the terms and conditions of this Agreement. You acknowledge that you received a copy of this Agreement, and you agree to the terms and conditions above and on the reverse side.

Print Customer or Customer Representative's Name MIKE CAMPBELL Title JUDGE  
 Customer or Customer Representative's Signature [Signature] Date 5/15/19  
 P.O. Box 8210, Amarillo, Tx. 79114

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