

BURNET COUNTY



Phone: (830) 798-3205

Fax: (830) 798-3216

Judge Debbie Bindseil

Justice of the Peace, Precinct 4

810 Steve Hawkins Parkway #4

Marble Falls, Texas 78654

jppct4@burnetcountytexas.org

January 6, 2020

**Commissioner's Court
Burnet County, Texas**

Justice of the Peace #4 is requesting \$2925.00 from the JP 4 Technology fund to purchase 1 REAPER SD VSR-20-975 CAMERA to be issued to the Constable of this court.

Sincerely,

A handwritten signature in cursive script that reads "Debbie Bindseil". The signature is written in dark ink and is positioned above the printed name and title.

**Debbie Bindseil
Pct. 4 Judge**

(Quote attached)



QUOTE

Vigilant Solutions, LLC
1152 Stealth Street
Livermore CA 94551
United States

Ph: (925) 398-2079 Fax: (925) 398-2113

Page Number 1 of 1
Request Date 1/3/2020
Sold To 609342
Ship To 609342
Branch Plant 10204
Customer PO
Quote Number 396

Burnet County Constables PCT4
810 Steve Hawkins Parkway
Marble Falls TX 78654
United States

Attn: Missy Bindseil
Ph: 830-798-3020

Burnet County Constables PCT4
810 Steve Hawkins Parkway
Marble Falls TX 78654
United States

Attn: Missy Bindseil
Ph: 830-798-3020

	BDS	1/3/2020	Ground	FedEx	
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Line No	Item Number	Description	Ship Date	Ship Back / Cancel	Unit Price	Extended Price	Tax
1.000	REAPERSD VSR-20-975 W BLC	REAPERSD VSR-20-975 CAMERA W BLOCK		1 S	2895.00	2895.00	N
2.000	SHIPPING	SHIPPING CHARGES		1 S	30.00	30.00	N
ALL PRICES ARE QUOTED IN USD AND WILL REMAIN FIRM AND IN EFFECT FOR 30 DAYS OF QUOTE DATE.							
						Tax Rate 0 %	0 %
Terms		Net 30 Days	Sales Tax				
Net Due Date		2/2/2020	Total Order		2925.00		

A. Dalg

*Approved
Missy Bindseil*



1152 Stealth St.
Livermore, CA 94551
Ph: 1-925-398-2079, Fax: 1-925-398-2113
vigilantsolutions.com

Credit Card Authorization Form

Please complete this form and send to orderfulfillment@vigilantsolutions.com

Your Company Name : _____ PO/RMA# : _____

Date of Request: _____

Types Of Cards Accepted: VISA, MC, AMEX Please check one

Cardholder's Name on Card: _____

Card Number : _____

Expiration Date: _____ CVC Code (3 or 4 digit number on back of card) _____

BILLING ADDRESS (this address must match the credit card billing address exactly):

STREET: _____

CITY, STATE & ZIP: _____

Telephone: _____ Fax: _____

E-Mail: _____

I verify that all information is correctly provided, and that I, the undersigned, am the card holder of the above credit card.
I further verify that the signature below is my signature as indicated on the reverse of the above indicated card.
I hereby authorize Vigilant Solutions, LLC. to charge my indicated credit card, without an imprint for the amounts of:

US DOLLARS\$ _____

plus, any additional shipping and handling charges (over and above those in the form; if necessary)
as imposed by Vigilant Solutions LLC. on this sale.

I understand that Vigilant Solutions LLC. still reserves the right to request the front and back copy of my card,
and/or of my driver's license should further verification and authenticity of the cardholder be required.
Payments received for the sale above by the stated credit card constitutes acceptance of the sales & shipping charges indicated above.
By signing herein, the cardholder agrees not to request any charge backs on the credit card until any disputed matters are resolved with
Vigilant Solutions, LLC.
No charge backs will be made until disputed matters are also resolved with the salesperson that has undertaken this sale.

***Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud.
All information entered on this form will be kept strictly confidential by Vigilant Solutions, LLC.***

CARDHOLDER'S SIGNATURE: _____

DATE SIGNED: _____

Vigilant Solutions, LLC. Use Only: Invoice or Sale Number is _____