

# Requisition

Req # 00102948

PO #

Date: 01/10/07

Bill To: x  
x

Vendor: 229857  
METROCALL INC  
4100 N 2ND ST  
STE 600  
MCALLEN TX 78504-2473

Ship To: INFORMATION TECHNOLOGY DEPARTMENT  
100 N. CLOSNER, 1ST FL  
EDINBURG TX 78539

Contact: STEPHANIE  
956-292-7010

Contract No:

Special Instructions:

REQ. NO: 011007-1  
DO NOT DUPLICATE ORDER

DIR-SDD-202

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
11	MONTH	COUNTY WIDE - IT DEPT.  QUANTITY OF SEVEN 2-WAY PAGING SERVICE @ 14.95 PER MONTH INCLUDES EQUIPMENT AND AIRTIME. THE EQUIPMENT IS LEASED SO MAINTENANCE ON NORMAL WEAR AND TEAR IS INCLUDED. THIS ALSO INCLUDES 1000 MESSAGES PER MONTH. OVERAGES ARE \$0.06 PER MESSAGE.  <u>Account No</u>  7-1100-415-00-200-001-0-533	104.65	1,151.15
			<u>Encumbrance</u>	
			1,151.15	
			Freight	.00
			Total	1,151.15
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

DIR

Authorized By: \_\_\_\_\_



SALES AND SERVICE AGREEMENT Page \_\_\_\_\_ of \_\_\_\_\_ Total # of devices \_\_\_\_\_

NEW  ADD ON  EXCHANGE  DISCONNECT  CHANGE  TRANSFER  REINSTATE  OTHER:

OFFICE CODE \_\_\_\_\_ OFFICE FAX # \_\_\_\_\_ CONTRACT DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ CUSTOMER NO. \_\_\_\_\_

CUSTOMER NAME \_\_\_\_\_ CUSTOMER TYPE \_\_\_\_\_ OE# \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SS#/FIN \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

CONTACT \_\_\_\_\_ BUS. TEL. # \_\_\_\_\_ EXT: \_\_\_\_\_ HOME TEL. # \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ SHIP TO ADDRESS (IF DIFFERENT FROM BILLING ADDRESS) \_\_\_\_\_

STREET \_\_\_\_\_ STREET \_\_\_\_\_

STREET \_\_\_\_\_ STREET \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP CODE \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CREDIT APPROVAL # \_\_\_\_\_ SALES REP # \_\_\_\_\_ SALES REP NAME \_\_\_\_\_ SPLIT % \_\_\_\_\_

BILL CYCLE \_\_\_\_\_ BILL FORMAT  AGP  AGC  DET  MEDIA: \_\_\_\_\_ FINANCE CHARGE  YES  NO \_\_\_\_\_ SVC CODE \_\_\_\_\_ SIC CODE \_\_\_\_\_

CONTRACT TERMS

PARENT ACCT # \_\_\_\_\_ LEVEL \_\_\_\_\_ DISCOUNT ACCT. # \_\_\_\_\_ BILL TO:  PARENT  CHILD

P.O. FLAG  YES  NO \_\_\_\_\_ PURCHASE ORDER # \_\_\_\_\_ P.O. EXP DATE \_\_\_\_\_ P.O. \$ AMOUNT \_\_\_\_\_

TAX EXEMPT  YES  NO STATE \_\_\_\_\_ TAX EXEMPT # \_\_\_\_\_ CONTRACT TERM:  1 YR.  2 YR.  3 YR.  OTHER Customer Initials \_\_\_\_\_

START BILLING DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ END BILLING DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ REASON CODE: \_\_\_\_\_ BILL PLAN RATES ARE:  MONTHLY  QTRLY  SEMI-ANNUAL  ANNUAL

CONTRACT OF TAIL

	<input type="checkbox"/> Own <input type="checkbox"/> Rent	UNIT 1	<input type="checkbox"/> Return <input type="checkbox"/> App	<input type="checkbox"/> Own <input type="checkbox"/> Rent	UNIT 2	<input type="checkbox"/> Issue <input type="checkbox"/> IPP	<input type="checkbox"/> Own <input type="checkbox"/> Rent	UNIT 3	<input type="checkbox"/> IPO
EQUIPMENT NO.									
EQUIPMENT PURCHASE									
EIP CREDIT (IF APPLICABLE)									
NO. OF INSTALLS/CHARGE		/S		/S			/S		
ANCILLARY EQUIPMENT CHARGES									
SERVICE TYPE/MODEL									
CHANNEL/FREQUENCY									
CAPCODE									
HOLDER									
PROMO CODE									
CPG (MARK X IF YES)									
DEVICE OR TELEPHONE#									
PIN									
ADDITIONAL TELEPHONE #									
OVERCALL CODE									
SERVICE PKG ALLOW/SPER OVERCALL		/S		/S			/S		
OPER DISPATCH CALL ALLOW/SPER OVERCALL		/S		/S			/S		
BASE RATE CHARGE		\$		\$			\$		
ADD FEATURE CODE/CHARGE		/S		/S			/S		
ADD FEATURE CODE/CHARGE		/S		/S			/S		
ADD FEATURE CODE/CHARGE		/S		/S			/S		
ADD FEATURE CODE/CHARGE		/S		/S			/S		
COVERAGE CODE/CHARGE		/S		/S			/S		
VOICEMAIL CODE/CHARGE		/S		/S			/S		
PERSONAL 300 # CODE/CHARGE		/S		/S			/S		
SUB OF BASE RECURRING CHRGS.		/S		/S			/S		
PROTECT/MAINT CODE/CHRG/DEDUCTIBLE		/S /S		/S /S			/S /S		
PTC CHARGES									
USF FEE									
OTHER RECURRING CHARGES									
TOTAL RECURRING CHARGES									

EQUIPMENT PURCHASE PLAN

Equipment Model \_\_\_\_\_

Instalment Term \_\_\_\_\_

(Total tax on Equipment billed up front.)

Customer Liable for Balance \_\_\_\_\_ Customer Initials \_\_\_\_\_

ACCOUNT DISCONNECT/SWAP FEES

Account Disconnect Fee: \$25.00

Swap Fee: \$10.00 Customer Initials \_\_\_\_\_

SALES SUMMARY CHECKLIST

I understand the policies regarding:

Equipment Charges and Returns  Automatic Payments

Airtime Charges  Admin Fee

Cancellation Policy & Fees  Payphone Charges

Reactivation Charge  USF Charges

Payment Options, Methods and Obligations  Overall Plan

Shipping Fees

I understand that the charges associated with my bill plan are stated in the Bill Plan section of this sales contract. Customer Initials \_\_\_\_\_

PAYMENT INFORMATION

VISA  MC  DISCOVER  AMEX  CASH  CHECK

APS CHECK # \_\_\_\_\_ AMOUNT: \_\_\_\_\_

CR. CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_

AMT: \_\_\_\_\_ AUTH. # \_\_\_\_\_

CARD HOLDER NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

AUTO-CHARGE OPTION: CREDIT CARD  CHECK ACCT  (ATTACH COPY VOIDED CHECK)

MY SIGNATURE HEREUNDER ACKNOWLEDGES THAT I HAVE REVIEWED THE SALES SUMMARY CHECKLIST ABOVE AND I HAVE READ AND ACCEPT THE CONTRACTUAL TERMS AND CONDITIONS APPEARING ON THE REVERSE OF THIS AGREEMENT. BY SIGNING BELOW, I AUTHORIZE YOU TO CHECK MY REFERENCES AND TO SUBMIT MY NAME AND/OR COMPANY NAME TO CREDIT INFORMATION BUREAUS FOR APPROVAL PURPOSES. I UNDERSTAND THAT THE APPLICABLE TAXES AND SURCHARGES WILL BE APPLIED AT THE TIME OF INVOICING.

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME AND TITLE \_\_\_\_\_

ARCH/METROCALL SIGNATURE \_\_\_\_\_

COMMENTS:

Total Equipment Charges \$
First Bill Plan \$
Admin. Connect/Charges \$
Admin. Fee \$
Deposit \$
Total Tax / Surcharges \$
Shipping / Handling \$
INTERNAL USE ONLY <input type="checkbox"/> AR INITIAL <input type="checkbox"/> O/C INITIALS _____ GRAND TOTAL DUE \$

# Hidalgo Co. IT Dept. & Precinct 1 Sheriffs

T-900

Timeport

### Two-Way Pager

Base rate

\*\$14.95

\*\$17.95

(1000 pages w/ \$.06 per  
Overcall)

### Group Paging

.50

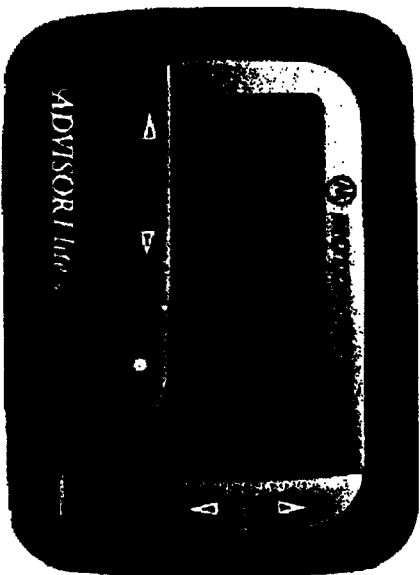
.50

### Pager Protection:

\$1.95

\$3.95

Covers pagers that are  
lost, stolen, or damaged  
beyond repair (Deductible  
Is \$25.00 / \$50.00. W/O PP \$99 / 199.00)



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**USAMOBILITY**  
ONE SOURCE FOR WIRELESS

# Requisition

Req # 00105358

PO #

Date: 02/15/07

Bill To: x  
x

Vendor: 229857  
METROCALL INC  
4100 N 2ND ST  
STE 600  
MCALLEN TX 78504-2473

Ship To: CONSTABLE PCT 1 PL 1  
1902 JOE STEPHENS  
SUITE 303  
WESLACO TX 78596

Contact: Blanca Sanchez  
956-447-3775

Contract No:

Special Instructions:

DO NOT DUPLICATE ORDER

*DIR-SDD-202*

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		Two-way pager service		
11	MONTH	6 Two-Way Pager Service for 11 months @ \$20.95 each	125.70	1,382.70
11	MONTH	6 Pager Protection for 11 months @ \$2.00 each	12.00	132.00
		Account No _____	<u>Encumbrance</u>	
		7-1100-421-00-291-001-0-533	1,514.70	
			Freight	.00
			Total	1,514.70
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

*DIR*

Authorized By: \_\_\_\_\_

# Requisition

Req # 00104582

PO #

Date: 02/02/07

Bill To: x  
x

Vendor: 187054  
GENERAL BINDING CORPORATION  
P.O. BOX 71361  
CHICAGO IL 60694-1361

Ship To: TAX ASSESSOR-COLLECTOR  
100 E. CANO, 1ST FL  
EDINBURG TX 78539

Contact: FERNIE  
956-318-2159

Contract No:

Special Instructions:

C-19

DO NOT DUPLICATE ORDER

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
1	YEAR	RENEWAL MAINTENANCE: SHREDDER 1656S	922.00	922.00
1		SERIAL # FI09427 YEAR 1993	.00	.00
1		EFFECTIVE: FEBRUARY 13, 2007 - MARCH 20, 2007	.00	.00
		<u>Account No</u>	<u>Encumbrance</u>	
		7-1100-415-15-140-001-0-432	922.00	
			Freight	.00
			Total	922.00
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: \_\_\_\_\_



**Technical Service & Support**  
 One GBC Plaza  
 Northbrook, IL 60062  
 Toll Free 800-790-7787  
 Fax 800-947-8130  
 www.gbc.com



Full Circle Service

1/03/07

# Renewal Notification

**HIDALGO COUNTY TAX OFFICE**  
 100 E CANO ST  
 EDINBURG, TX 785394548

## YOUR SERVICE CONTRACT IS ABOUT TO EXPIRE

RE: Last year's purchase order number YOLI H/RENEW.

Dear Valued Customer:

Thank you for taking advantage of GBC's Equipment Maintenance Agreement (EMA) program during the past year. Your EMA coverage for the equipment listed below is now due for renewal. To automatically renew your GBC Maintenance Agreement(s) without any lapse in coverage, and ensure proper billing arrangements, please complete the information on the reverse side and return this form with any authorizing signature by [REDACTED]. This will renew your maintenance agreement for one year starting [REDACTED].

EQUIPMENT			YEAR MFG	RENEWAL	TAX	TOTAL
MODEL	DESCRIPTION	SERIAL				
1656S	SHREDDER 1656S	F109427	1993	922.00	.00	922.00
TOTAL DUE						922.00

Our records also reflect the following billing and machine location for the above machines. Please take a moment to verify all information, including model and serial numbers, and make any corrections on this form.

Billing Address: **HIDALGO COUNTY TAX OFFICE**  
 100 E CANO ST  
 EDINBURG, TX 785394548

Equipment Location: **HIDALGO COUNTY TAX OFFICE**  
 100 E CANO ST  
 EDINBURG, TX 785394548

Please call our Maintenance Agreement Customer Service Department at (800) 790-7787, option 5, with any questions or concerns regarding this coverage.

PLEASE UPDATE THE FOLLOWING:

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Information for GBC's use only  
 438 | 2 | 261576-0000 | 524583

**SEE REVERSE SIDE FOR BILLING ARRANGEMENTS, TERMS, AND CONDITIONS**

Bookletmakers • Collators • Corner Rounders • Finishers • Folders • Loggers • Laminators • Paper Cutters  
 Paper Grills • Punches • Saddle Stitchers • Shredders • Shank Wrappers • Trimmers

# Requisition

Req # 00105596

PO #

Date: 02/21/07

Bill To: x  
x

Vendor: 31208  
RIO RADIO SUPPLY INC  
P.O. BOX 1808  
MCALLEN TX 78505-1808

Ship To: MASTER COURT #2  
100 N. CLOSNER  
EDINBURG TX 78539

Contact: Alice Vasquez  
956-318-2452

Contract No:

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
2	EACH	ICOM F14S VHF Portable Radio Antenna, Battery, and Charger 2 Channel, 5 Watt	245.00	490.00
		<u>Account No</u>	<u>Encumbrance</u>	
		7-1100-412-00-032-001-0-664	490.00	
			Freight	.00
			Total	490.00

Authorized By: \_\_\_\_\_