

Requisition

Req # 00168410

PO #

Date: 01/11/10

Consent
#19752
2/8/10

Bill To: x
 x

Vendor : 309435
SHRED-IT SAN ANTONIO
12817 WETMORE RD.
SAN ANTONIO TX 78247

Ship To: HEALTH DEPARTMENT
1304 S. 25TH
EDINBURG TX 78539

Contact: JOSIE ESCALANT
956-383-6221

Contract No:

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
4.00	MONTH	DO NOT DUPLICATE ORDER DOCUMENTATION DESTRUCTION SERVICES FOR MEDICAL RECORDS FOR ALL CLINICS AND CENTRAL OFFICE TO INCLUDE: \$20.00 CONTAINER AND \$60.00 CONTAINER SET UP AT 1304 SOUTH 25THA VE EDINBURG, TX MUST PROVIDE CERTIFICATE OF DESTRUCTION	171.20	684.80
1.00		Account No _____ 0-1100-441-00-340-001-0-350	Encumbrance 684.80	.00
			Freight	.00
			Total	684.80
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____

Reg # 168410



CLIENT AUTOMATIC SERVICE AGREEMENT

Client Information

Ship To Location: (service location) **County of Hidalgo/Health Dept.** Multiple service locations (check here and attach location list)

Company Name: _____

Contact Name: **Sylvia Pena** Position: **am** Tel: **956-383-6221** Email: **fax: 956-380-4056**

Address: **1304 S. 25th Street** Unit: _____ City: **Edinburg** State/Prov.: **TX** Zip/Postal Code: **78542**

Sold To Location: Same as Ship to

Company Name: _____

Contact Name: _____ Position: _____ Tel: _____ Email: _____

Address: _____ Unit: _____ City: _____ State/Prov.: _____ Zip/Postal Code: _____

Bill To Location: Same as Ship to Tax Type: Exempt (check here and attach exemption certificate)

Same as Sold to

Company Name: _____

Contact Name: _____ Position: _____ Tel: _____ Email: _____

Address: _____ Unit: _____ City: _____ State/Prov.: _____ Zip/Postal Code: _____

Are invoices paid at this location? (payer): Yes No Same as: Ship to Sold to

Payer (if different from above):

Contact Name: _____ Tel: _____ Email: _____

Address: _____ Unit: _____ City: _____ State/Prov.: _____ Zip/Postal Code: _____

Automatic Service

Security Consoles:	Type	Qty	Type	Qty	Type	Qty.
	<input checked="" type="checkbox"/> Standard Console	2	<input type="checkbox"/> Junior Console	_____	<input type="checkbox"/> Other	_____
Service Frequency:	Every: <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 4	weeks, or _____ /wk		desc. _____		
Estimated Service Duration:	20 minutes					

Service Fee

Billing Rate ***4.28** **minutes**/console Minimum Charge ***85.60**

Invoice Details

Invoice Type: Local Consolidated

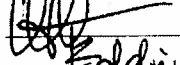
Payment Method: Check E.F.T (attach E.F.T information form) Visa AMEX Card Holder: _____

Card #: _____ Exp. Date: _____

** 1-year agreement*

Agreed to by (Terms and Conditions on reverse):

Shred-it USA, Inc. ("Shred-It")

Signed: 


Print Name: **Eddie Gamboa**

Position: **Sales**

Date: **1-20-10**



Company: **County of Hidalgo**

Signed: 

Print Name: **Rene Ramirez**

Position: **Hidalgo County Judge**

Date: **1-20-10**

Melina