

Requisition

Req # 00188586

PO #

Date: 01/20/11

*Consent
25020
2/1/11*

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
12.00	MONTH	DO NOT DUPLICATE ORDER OM DESTRUCTION OF CONFIDENTIAL MEDICAL RECORDS AND OTHER DOCUMENTS - CERTIFICATE OF DESTRUCTION MUST BE PROVIDED RATES: 96 GALLON CONTAINER \$65.00 CONSOLE \$26.56 MONTH LOCATION: CENTRAL OFFICE, 1304 SOUTH 25TH AVE, EDINBURG, TEXAS	91.56	1,098.72
200.00	EACH	OM BANKER BOX \$6.96 PER BOX	6.96	1,392.00
12.00	MONTH	OM FUEL SURCHARGE MAY INCREASE OR DECREASE	4.00	48.00
		Account No	Encumbrance	
		1-1100-441-00-340-001-0-350	2,538.72	
			Freight	.00
			Total	2,538.72
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Quater Needed!

Authorized By: _____



CLIENT AUTOMATIC SERVICE AGREEMENT

Branch Address: 063

Client Information

Ship To Location: (service location) **Multiple service locations** (check here and attach location list)

Company Name: County of Hidalgo Tel: 956-381-8854 Fax: 956-383-3229

Contact Name: Sylvia Pena Position: DM Email: _____

Address: 1304 S. 25th Ave. Unit: _____ City: Edinburg State: TX Zip: 78542

Sold To Location: Same as Ship to

Company Name: _____ Tel: _____ Fax: _____

Contact Name: _____ Position: _____ Email: _____

Address: _____ Unit: _____ City: _____ State: _____ Zip: _____

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

Same as Sold to

Company Name: _____ Tel: _____ Fax: _____

Contact Name: _____ Position: _____ Email: _____

Address: _____ Unit: _____ City: _____ State: _____ Zip: _____

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: _____ Zip: _____

Automatic Service

Security Consoles:	Type	Qty	Type	Qty	Type	Qty.
	<input checked="" type="checkbox"/> Standard Console	<u>2</u>	<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:	_____					

Service Fee

Billing Rate \$6.96 - Banker Box minute console Minimum Charge \$91.56 (up to 2 consoles)

\$8.58 - File box \$16.05 plastic standard \$21.40 plastic file box

Invoice Details

Invoice Type: Local Consolidated

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

Card #: _____ Exp. Date: _____

** 3 year agreement*
** subject to fuel surcharge*

Agreed to by (Terms and Conditions on reverse): Eddie 210-889-2713

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

Signed: _____

Print Name: Eddie Gonzalez

Position: sales

Date: 1-7-11

Company: County of Hidalgo

Signed: _____

Print Name: Ramon Garcia

Position: County Judge

Date: 2/1/11