

INVOICE TO	
Name:	HIDALGO COUNTY HEALTH DEPT
Attention:	MARGARITA GONZALEZ
ADDRESS:	3105 W STATE HIGHWAY 107
CITY:	EDINBURG STATE TX
ZIP CODE:	78539
TEL NO:	956-381-4646 FAX
EMAIL ADDRESS:	MAGUE.GONZALEZ@WIC.CO.HIDALGO.TX.US

SITE LOCATION	
SITE:	HIDALGO COUNTY HEALTH DEPT WIC
ADDRESS:	708 EDINBURG AVE
CITY:	ELSA STATE: TX
ZIP CODE:	78543
TEL NO:	956-381-4646 ADDITIONAL NO:
AUTHORIZED BY:	MARGARITA GONZALEZ
CONTACT:	MARGARITA GONZALEZ ADDITIONAL NO:



CUSTOMER SERVICE AGREEMENT

DIVISION	863 HARLINGEN	
AGREEMENT NUMBER	C0705DB9	ID
ACCOUNT NUMBER	1410251	F
LEAD SOURCE	M	

N/O	CONT GRP	TYPE	SIZE	C	QTY	ACCT TYPE	C/O	GRID	SERV. FREQUENCY	EST LIFTS	S	P.O. REQ	REC'PT REQ	LF CODE	C/FV	OPEN/CLOSE DATE	L.O.B	PRE BILL	MONTHLY SERVICE	EXTRA PICK-UPS	EXCHANGE	DELIVERY	EXTRA YARDAGE	REMOVAL	RELOCATE
N	1	FL	3		2	P	N		2/1W			Y	N	AA81		8/1/2019	12	N	\$317.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
																			\$174.14						

Admin Fee:	Y	Fuel Fee:	N	Environmental Fee:	N	Late Fee:	Y	Taxable:	Y
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REPUBLIC SERVICES DBA ALLIED WASTE SERVICES OF HARLINGEN, TX

HEREINAFTER REFERRED TO AS THE "COMPANY"

Denise Barrozo Receptionist
(AUTHORIZED SIGNATURE) (TITLE)

COMMENTS :
RATE CORRECTION FROM \$317.74 TO \$174.14

The undersigned individual signing this Agreement on behalf of Customer acknowledges that he or she had read and understands the terms and conditions of this Agreement and that he or she had the authority to sign the Agreement on behalf of Customer.

BY: _____ TITLE: _____
(AUTHORIZED SIGNATURE)

CUSTOMERS NAME (PLEASE PRINT) _____ DATE OF AGREEMENT _____

FOR OFFICE USE ONLY

FRANCHISE ACCOUNT NUMBER	CUSTOMER CATEGORY	CASH TOLERANCE	SUSPEND	CREDIT ANALYST
ELSA200 3	COMM	N/A		HERNACA6
SITE NUMBER	CONTRACT EFFECTIVE DATE	TERM	REVIEW DATE	CPI
29	8/1/2019	36	99/99/99	Y
TERRITORY	SALES REPRESENTATIVE	TAX CODE	TAX EXEMPTION NUMBER	CONTRACT STATUS
HOUSE863	1020	74-6000925-5	01	01
RENEW	PI REVIEW DATE	CREDIT APPROVAL	CREDIT LIMIT	PURCHASE ORDER NUMBER
Y	99/99/9999			

PLEASE SIGN & DATE TERMS AND CONDITIONS ON PAGE 2.

EXTRA DRIVER NOTE:

LEAD SOURCE CODE:
M (MUNICIPAL)