

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@WMC.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	C0919DB11	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/F/V	OPEN/CLOSE DATE	L.O.B	PRE BILL	MONTHLY SERVICE	EXTRA PICK-UPS	EXCHANGE	DELIVERY	EXTRA YARDAGE	REMOVAL	RELOCATE
N	1	FL	3		1	P	N		1/1			Y	N	AA81		8/1/2019	12	N	\$87.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Admin Fee:	Y	Fuel Fee:	N	Environmental Fee:	N	Late Fee:	Y	Taxable:	N
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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 :

**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	CONTRACT STATUS	PURCHASE ORDER NUMBER	SIC
136	8/1/2019	36	99/99/99	Y	01		
TERRITORY	SALES REPRESENTATIVE	TAX CODE	TAX EXEMPTION NUMBER	TRANS CODE	REASON CODE	COMPETITOR CODE	
136	HOUSE863		74-6000925-5	08	63	N/A	
RENEW	PREVIEW DATE	CREDIT APPROVAL	CREDIT LIMIT	CONTRACT APPROVAL	ENTERED BY	DATE	
Y	99/99/9999						

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 \_\_\_\_\_

PLEASE SIGN & DATE TERMS AND CONDITIONS ON PAGE 2.

EXTRA DRIVER NOTE:

**DO NOT REMOVE DUMPSTER**

LEAD SOURCE CODE:  
M (MUNICIPAL)

INVOICE TO	
Name	HIDALGO COUNTY HEALTH & HUMAN SERVICES
Attention	JEANETTE PALACIOS
ADDRESS	708 EDINBURG AVE
CITY	ELSA STATE TX
ZIP CODE	78543
TEL NO	956-383-8858 FAX
EMAIL ADDRESS:	JEANETTE.PALACIOS@HCHD.ORG

SITE LOCATION	
SITE:	HIDALGO COUNTY HEALTH & HUMAN SERVICES
ADDRESS:	708 EDINBURG AVE
CITY:	ELSA STATE TX
ZIP CODE:	78543
TEL NO	956-383-8858 ADDITIONAL NO:
AUTHORIZED BY:	JEANETTE PALACIOS
CONTACT:	JEANETTE PALACIOS ADDITIONAL NO:



**CUSTOMER SERVICE AGREEMENT**

DIVISION	863 HARLINGEN	ID
AGREEMENT NUMBER	C0920DB1	F
ACCOUNT NUMBER		
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		1	P	N		1/1			Y	N	AA81		8/1/2019	12	N	\$87.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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

HEREINAFTER REFERRED TO AS THE "COMPANY"

**Denise Barrozo** Receptionist 9/20/2019  
 (AUTHORIZED SIGNATURE) (TITLE)

COMMENTS :

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	NIA		HERNACA6
SITE NUMBER	CONTRACT EFFECTIVE DATE	TERM	REVIEW DATE	C.P.I.
	8/1/2019	36	99/99/99	Y
TERRITORY	SALES REPRESENTATIVE	TAX CODE	TAX EXEMPTION NUMBER	CONTRACT STATUS
136	HOUSE863		74-6000925-5	01
RENEW	PI REVIEW DATE	CREDIT APPROVAL	CREDIT LIMIT	CONTRACT APPROVAL
Y	99/99/9999			

PLEASE SIGN & DATE TERMS AND CONDITIONS ON PAGE 2.

EXTRA DRIVER NOTE: **DUMPSTER ON SITE**

LEAD SOURCE CODE: M (MUNICIPAL)