

PURCHASE AGREEMENT

Customer Legal Name (Bill to) Navarro County
 Name Overflow (if needed) Auditor
 Street Address 300 W. 3rd Ave
 Box#/Routing Suite 4
 City, State Corsicana, TX
 Zip Code 75110
 Tax ID#

Customer Name (Install) Navarro County
 Name Overflow (if needed) INDIGENT HEALTH CARE
 Installed at Street Address 601 N. 13th
 Floor/Room/Routing
 City, State Corsicana, TX
 Zip Code 75110
 County Installed In Navarro

Requested Effective Date

Tax Exempt (Certificate Attached)
 Attached Customer P.O. #: _____
 Service / Supplies (except paper and staples) included in print charge
 with install of XDA link

Equipment - Information

Product: VersaLink C415 COLOR MFP + 100 sheet bypass/ 550 paper tray	Equipment Purchased from: Document Solutions		Purchase Price \$1219.00
Delivery/Install	Document Solutions		NC

Maintenance Agreement Price Information

Monthly Service Base Charge	\$ N/A
Meter B/W Charges 1+	\$.015
Meter Color Charges 1+	\$.10

 Adjustment Period

Months Affected	
Monthly Charge	\$

Agreement Presented By:

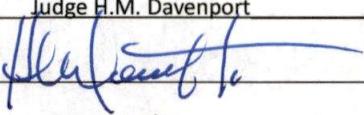
Name: Janet Loflin
 Document Solutions

Accepted By: Jeanee' Patrick

Date: _____

Signature: B Caldwell

Customer:

Signer Name: Judge H.M. Davenport
 (Print) 
 Signature: _____
 Title: County Judge

Date: _____

Supply Contact: Brianna Caldwell

Supply Contact Phone: 903-519-5659

Supply Contact Email: bcaldwell@navarrocounty.org