

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. #s: _____
☐ 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: [Signature]
Title: County Judge
Date: _____
Supply Contact: Brianna Caldwell
Supply Contact Phone: 903-519-5659
Supply Contact Email: bcaldwell@navarrocounty.org