



COPIER MAINTENANCE AGREEMENT

PLAN	EQUIPMENT			METER READING		SERVICE ZONE	CHARGE	MAXIMUM ALLOWABLE COPIES
	MODEL	CODE	SERIAL NUMBER	READING	DATE			
CAA	7035		555 0605 583		9/30/91		1268.00	108,000
	ADF				9/30/92		excess	.015
	15 bin							
	lg. capacity tray							

BILLING ADDRESS

COMPANY NAME

ADDRESS

CITY STATE ZIP

ATTN:

904-261-6612 **INSTALLATION ADDRESS**

COMPANY NAME
Nassau Cty Dept. of EMS Services

ADDRESS
11 N. 14th Street Box 12

CITY STATE ZIP
Fernandina Beach, FL FL 32034

ATTN: Linda Cox

Customer agrees to purchase and Dealer agrees to provide maintenance service for the equipment identified above, in accordance with the terms and conditions of this agreement.

No terms or conditions, expressed or implied, are authorized unless they appear on original of this agreement, signed by Customer and Dealer.

THE ADDITIONAL TERMS AND CONDITIONS ON THE REVERSE SIDE HEREOF ARE INCORPORATED IN AND MADE PART OF THIS AGREEMENT. NO ONE IS AUTHORIZED TO CHANGE, ALTER, OR AMEND THE TERMS OR CONDITIONS OF THIS AGREEMENT UNLESS AGREED TO IN WRITING BY BOTH PARTIES.

DEALER	CUSTOMER ACCEPTANCE
DEALER NAME MAX DAVIS ASSOCIATES	CUSTOMER NAME
DEALER REPRESENTATIVE SIGNATURE <i>[Signature]</i> 8-20-91	BY AUTHORIZED SIGNATURE <i>[Signature]</i>
STREET ADDRESS 1501 NORTHPOINT PKWY, SUITE 104	DATE 11-1-91
CITY STATE ZIP WEST PALM BEACH, FL 33407	PRINTED SIGNATURE NAME Jim B. Higginbotham
	TITLE P.O. DATE