



CUSTOMER AGREEMENT

64733

9600 Sunbeam Center Drive., Jacksonville, FL 32257 • (904) 268-1111

ACCOUNT NAME/ CUSTOMER NAME: NASSAU COUNTY SOLID WASTE

STREET ADDRESS IF ABOVE IS P.O. BOX: 440 S. KINGS RD

CITY: CALLAHAN STATE: FL ZIP CODE: 32011 AUTHORIZING PERSON: MELISSA

PHONE: 904)8796321 SOCIAL SECURITY NO.: ROBERT MCINTYRE

RESIDENCE PHONE: STATE: DRIVERS LICENSE NO. DATE OF BIRTH: STATE:

CREDIT CARD: CARD NUMBER: NAME AS IT APPEARS ON CREDIT CARD: EXPIRATION DATE:

PLACE OF EMPLOYMENT: ADDRESS: PHONE: NAME OF RELATIVE NOT LIVING WITH YOU/ BUSINESS REF.: ADDRESS: PHONE:

ACCOUNT NO. NEW X ADD RE-OPEN EXCHANGE DISCONNECT RATE CHANGE PURCHASE ORDER # TAX EXEMPT # 550400990553 C COMMENTS CREDIT CODE AGREEMENT TERM: MONTHLY X QUARTELY

BEFORE SIGNING, READ BOTH SIDES OF THIS AGREEMENT. THE MINIMUM INITIAL TERM OF THIS AGREEMENT SHALL BE THIRTY-SIX MONTHS UNLESS OTHERWISE NOTED ABOVE...

Table with columns: CAP CODE, ACCESS#, V/M PHONE #, ALPHA TRANSCRIPTION RATE PER CALL, AIRTIME, RENTAL, V/M, OTHER WAIVER MAINT EQUIP. Includes handwritten entries for rental rates and equipment types.

** Contract shall be subject to annual appropriation by the Board of County Commissioners and should the Board of County Commissioners fail to appropriate the funds, the contract will terminate.

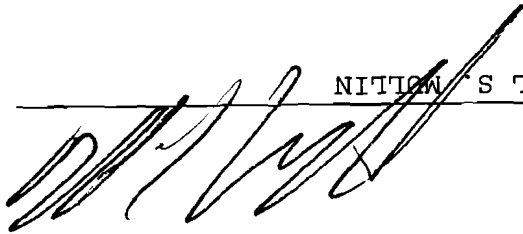
Table with columns: SALESPERSON, BRANCH OFFICE ID, LEAD SOURCE, ACCOUNT REFERRED, DATE EQUIP. REC'D, BILLING EFFECTIVE

ALL RENTAL CUSTOMERS SELECT ONE. Decline waiver of liability... or Accept waiver of liability at \$30.00 per unit per year...

INITIAL CHARGES and RECURRING CHARGES. PURCHASE PRICE, SECURITY DEPOSIT, GRAND TOTAL, CHARGEABLE, WAIVER (E), TAXES, TOTAL UNITS, TOTAL.

RECEIPT OF: AUTHORIZED SIGNATURE: Nick D. Deonas, Chairman. ATTEST: SALES REPRESENTATIVE: J.M. Oxley, Jr. TITLE: Ex-Officio Clerk.

MICHAEL S. MOLLIN



Approved as to form by the
Nassau County Attorney:



CUSTOMER AGREEMENT

64733

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ACCOUNT NAME/ CUSTOMER NAME: NASSAU COUNTY SOLID WASTE DATE: _____

BILLING ADDRESS: _____

STREET ADDRESS IF ABOVE IS P.O. BOX: 440 S. KINGS RD

CITY: CALLAHAN STATE: FL ZIP CODE: 32011 AUTHORIZING PERSON: MEUSSA

PHONE: 904) 8796321 TITLE/POSITION: _____ SOCIAL SECURITY NO.: ROBERT MCINTYRE

RESIDENCE PHONE: _____ STATE: _____ DRIVERS LICENSE NO.: _____ DATE OF BIRTH: _____ STATE: _____

CREDIT CARD: _____ CARD NUMBER: _____ NAME AS IT APPEARS ON CREDIT CARD: _____ EXPIRATION DATE: _____

TYPE: _____ PLACE OF EMPLOYMENT: _____ ADDRESS: _____ PHONE: _____

NAME OF RELATIVE NOT LIVING WITH YOU/ BUSINESS REF: _____ ADDRESS: _____ PHONE: _____

ACCOUNT NO. _____

NEW ADD RE-OPEN

EXCHANGE DISCONNECT RATE CHANGE See Paragraph 24

PURCHASE ORDER # _____

TAX EXEMPT # 550400990553 C

COMMENTS: _____ CREDIT CODE: _____

AGREEMENT TERM: TWO YEAR OTHER MONTHLY QUARTELY

BEFORE SIGNING, READ BOTH SIDES OF THIS AGREEMENT. THE MINIMUM INITIAL TERM OF THIS AGREEMENT SHALL BE THIRTY-SIX MONTHS UNLESS OTHERWISE NOTED ABOVE AND SHALL AUTOMATICALLY RENEW FOR AN ADDITIONAL THIRTY-SIX MONTHS UNLESS NOTICE IS GIVEN SIXTY DAYS PRIOR TO THE ORIGINAL EXPIRATION DATE. CUSTOMER, BY SIGNING HERE, CONFIRMS HAVING READ AND AGREED TO THE WITHIN RATES, TERMS, AND CONDITIONS, INCLUDING THOSE ON THE REVERSE SIDE; FURTHER AGREES THAT THOSE RATES, TERMS AND CONDITIONS ARE SUBJECT TO CHANGE BY COMPANY UPON ADVANCED NOTICE OR MODIFICATION OF ANY APPLICABLE TARIFFS, AND THAT CUSTOMER'S CONTINUATION OF SERVICE THEREAFTER SHALL CONSTITUTE ACCEPTANCE OF SUCH CHANGES; APPLIES FOR THE SERVICE DESCRIBED HEREIN; AND AUTHORIZES A CREDIT INVESTIGATION BY COMPANY.

CAP CODE	ACCESS#	V/M PHONE #	ALPHA TRANSCRIPTION RATE PER CALL	AIRTIME	RENTAL	V/M	OTHER	WAIVER	MAINT	EQUIP.
			201+2.03		7.95		WA	INCL		
			201+2.03		7.95		INCL	INCL		
			201+2.03		7.95		WA	INCL		
			201+2.03		7.95		INCL	INCL		
			201+2.03		7.95		INCL	INCL		
			201+2.03		8.95		INCL	INCL		
** Contract shall be subject to annual appropriation by the Board of County Commissioners and should the Board of County Commissioners fail to appropriate the funds, the contract will terminate.										
**					48.75		INCL	INCL		

SALESPERSON	BRANCH OFFICE ID	LEAD SOURCE	ACCOUNT REFERRED	DATE EQIP REC'D	BILLING EFFECTIVE
<u>KW</u>	<u>1</u>	<u>Deb</u>			

ALL RENTAL CUSTOMERS SELECT ONE

Decline waiver of liability, customer is responsible for equipment at replacement cost without reduction for depreciation up to \$325.00 maximum for each unit. See Schedule 2 on reverse side.

Accept waiver of liability at ~~\$30.00~~ per unit per year (non-proratable) or ~~\$2.00~~ per unit per month with deductible as indicated. \$ _____ Deductible

Sign: _____ Sign: _____

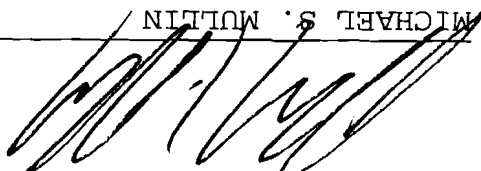
INITIAL CHARGES			RECURRING CHARGES		
PURCHASE PRICE SUM OF G	FIRST MONTHS SERVICE SUM OF A,B,C,D,E,F,G	LAST MONTH'S SERVICE	GRAND TOTAL	CHARGEABLE	WAIVER (E)
	48.75		48.75		INCL
SECURITY DEPOSIT	CONNECT FEE		TAXES	TOTAL UNITS	TOTAL
			EXEMPT	6	48.75
RECEIPT OF	AUTHOR #	RECEIPT IS ACKNOWLEDGED BY			
\$	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> CREDIT CARD X				

ATTEST: _____

AUTHORIZED SIGNATURE: Nick D. Deonas DATE: _____ SALES REPRESENTATIVE: J.M. Oxley DATE: _____

TITLE: Chairman TITLE: Ex-Officio Clerk

Approved as to form by the
Nassau County Attorney:

A handwritten signature in black ink, appearing to read "Michael S. Mullin", written over a horizontal line.

MICHAEL S. MULLIN

PLEASE RETURN BY AUGUST 30, 2002

CONTRACT SIGN OFF

PROJECT NAME Rental Contract Agreement PROJECT # _____

VENDOR Allsafe Paging

ADDRESS 9600 Sunbeam Center Drive
Jacksonville, FL 32257

CONTRACT AMOUNT \$48.75 monthly for 6 units DATE REC'D _____

FUNDING SOURCE: 70341534-541000

DATE TO PUBLIC WORKS DIRECTOR _____ REC'D PWD _____

DATE TO P.W. CONTRACT MGR _____ REC'D PWCM _____

DATE TO COUNTY COORDINATOR 8-21-02 REC'D CO COORD _____

DATE TO COUNTY ATTORNEY 8-21-02 REC'D CO. ATTY 8-21-02

DATE TO CLERK 8-21-02 REC'D CLERK 8-21-02

CONTRACT APPROVAL

PUBLIC WORKS DIRECTOR _____ DATE _____

CONTRACT MANAGER _____ DATE _____

COUNTY COORDINATOR _____ DATE _____

COUNTY ATTORNEY *[Signature]* DATE 8/21/02

CLERK *[Signature]* DATE 8/21/02

APPROVAL BY BOARD OF COUNTY COMMISSIONERS

DATE SENT TO COORDINATOR FOR AGENDA PACKET _____

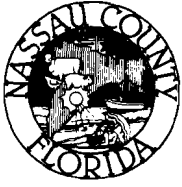
BOARD MEETING APPROVAL DATE _____

COPY DISTRIBUTION:
TO FINANCE DATE _____
TO VENDOR _____
TO OTHER APPROPRIATE PARTIES _____

PAYMENT & PERFORMANCE BONDS OBTAINED _____

approved 9/16/02

• (D) needs language to indicate if is subject of funding

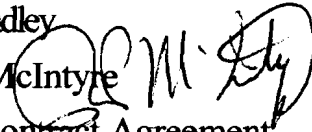


Nassau County Department of
Solid Waste Management

ROBERT P. McINTYRE
Director

440 S. KINGS ROAD
CALLAHAN, FLORIDA 32011

Memorandum

TO: Joyce Bradley
FROM: Robert McIntyre 
SUBJECT: Pager Contract Agreement
DATE: August 19, 2002

We would like to set up a Rental Contract Agreement with Allsafe paging for our employee's paging service. We have done some research and this company offers competitive rates and is also used by Nassau County's Building and Maintenance Department. The company we currently are using has filed for bankruptcy and we want to ensure this issue does not affect our service.

PLEASE RETURN BY AUGUST 30, 2002

CONTRACT SIGN OFF

PROJECT NAME Rental Contract Agreement PROJECT # _____

VENDOR Allsafe Paging

ADDRESS 9600 Sunbeam Center Drive
Jacksonville, FL 32257

CONTRACT AMOUNT \$48.75

DATE REC'D _____

FUNDING SOURCE: 70341534-541000

DATE TO PUBLIC WORKS DIRECTOR _____

REC'D PWD _____

DATE TO P.W. CONTRACT MGR _____

REC'D PWCM _____

DATE TO COUNTY COORDINATOR 8-21-02

REC'D CO COORD _____

DATE TO COUNTY ATTORNEY 8-21-02

REC'D CO. ATTY 8-21-02

DATE TO CLERK 8-21-02

REC'D CLERK 8-21-02

CONTRACT APPROVAL

PUBLIC WORKS DIRECTOR _____

DATE _____

CONTRACT MANAGER _____

DATE _____

COUNTY COORDINATOR _____

DATE _____

COUNTY ATTORNEY  _____

DATE 8/21/02

CLERK _____

DATE _____

APPROVAL BY BOARD OF COUNTY COMMISSIONERS

DATE SENT TO COORDINATOR FOR AGENDA PACKET _____

BOARD MEETING APPROVAL DATE _____

COPY DISTRIBUTION:

TO FINANCE DATE _____

TO VENDOR _____

TO OTHER APPROPRIATE PARTIES _____

PAYMENT & PERFORMANCE BONDS OBTAINED

• ① needs language to indicate if is subject to funding



NASSAU COUNTY
BOARD OF COUNTY COMMISSIONERS
P. O. Box 1010
Fernandina Beach, Florida 32035-1010

Nick Deonas
David C. Howard
Vickie Samus
Floyd L. Vanzant
Marianne Marshall

Dist. No. 1 Fernandina Beach
Dist. No. 2 Fernandina Beach
Dist. No. 3 Yulee
Dist. No. 4 Hilliard
Dist. No. 5 Callahan

JOSEPH M. "Chip" OXLEY, JR.
Ex-Officio Clerk

MICHAEL S. MULLIN
County Attorney

WALTER D. GOSSETT
County Coordinator

September 24, 2002

AllSafe Paging
9600 Sunbeam Center Drive
Jacksonville, FL 32257

Gentlemen:

During a regular meeting of the Nassau County Board of County Commissioners held September 16, 2002, the Board approved and authorized the Chairman to sign the rental contract agreement for six pagers in the amount of \$48.75 per month. A copy of the agreement is enclosed for your records.

Should you have any question, please let me know.

Sincerely,

J.M. "Chip" Oxley, Jr.
Ex-Officio Clerk

/ca

Enclosure

Cc: Mr. Bob McIntyre, Solid Waste Management Department
Administrative Services Department
Financial Services Department