

COPIER MAINTENANCE AGREEMENT

[illegible]

| 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 INFORMATION | | | CUSTOMER ACCEPTANCE | |
|---|----------------|--------|--|-----------------|
| DEALER NAME MAX DAVIS ASSOCIATES | | | CUSTOMER NAME <i>Jim B. Higginbotham</i> | |
| DEALER REPRESENTATIVE SIGNATURE <i>Mike S. [illegible]</i> | EMPL. # | TEAR # | BY AUTHORIZED SIGNATURE Jim B. Higginbotham | DATE 11-1-91 |
| STREET ADDRESS 1501 NORTHPOINT PKWY, SUITE 104 | | | PRINTED SIGNATURE NAME | TITLE |
| CITY WEST PALM BEACH, FL | STATE 33407 | ZIP | PURCHASE ORDER NO. | P.O. DATE |