

BEEPER COMMUNICATIONS

of Florida, Inc.

1906-2 PARENTAL HOME ROAD • JACKSONVILLE, FL 32216
JAX. 904/721-1000 • ST. AUG. 904/824-7257 • FERN. 904/261-8819

CUSTOMER NAME	NASSAU County Building & Zoning Dept.		BUS. PHONE	321-5765	Account No.		
ADDRESS	2290 State Rd 200		HOME PHONE		SALESMAN		
CITY	FERNANDINA Bch.	STATE	FL	ZIP	32034	EFFECTIVE DATE	2/10/94
TO	Board of County Commissioners				SOCIAL SECURITY NO.		
Building & Zoning Dept.				LOST PAGER <input type="checkbox"/> RENEW STATE <input type="checkbox"/> USED PAGER SALE <input type="checkbox"/> 90 DAY WARRANTY			
ADDRESS	2290 State Road 200		NEW CUST. <input checked="" type="checkbox"/>		ADD SALE <input type="checkbox"/> EXCHANGE <input type="checkbox"/>		
CITY	FERNANDINA Bch	STATE	FL	ZIP	32034	MONTHLY CHARGES	
	MODEL	PHONE NUMBER	CAP CODE	SERIAL NUMBER	SERVICE		
1	Parasonic Dig	277-0258	1831623	JOE CAMPBELL	8.00		
2	Parasonic Dig	277-0259	0464449	DAVE LOUETTE	8.00		
3	Parasonic Dig	277-0260	0462740	DOUG JONES	8.00		
4			1000569				
5							
6							
7							
8							
9							
10							

PAGER LOSS REGULATIONS

CUSTOMER ELECTS LOSS PROTECTION

Yearly Cost Per Unit \$ 18.00

Deductible ☒ \$25 ☐ \$50 ☐ \$75 ☐ \$100

Coverage begins with effective date, renews each year January 1.
Loss Protection is not refundable, and covers one loss or one year.

CUSTOMER DECLINES LOSS PROTECTION. Assumes responsibility for the loss of or damage to paging equipment owned by Beeper Communications by fire, theft, water and similar causes, as well as for loss or damage caused by the deliberate action or negligence of the subscriber, and agrees to pay current retail price for replacement pager.

VALUE PER UNIT TOTAL

PLEASE Call
UP UNTIL SEPT. 1994
Then Begin
Annual Billing
Please
ANNUAL FEE

PAGER SALE	
FIRST MONTH	
LAST MONTH	
FIRST MONTH(S)	
MSC.	
SALES TAX	
MAIL BOX	
LOSS PROTECTION	54.92
TOTAL DUE	

AGREEMENT FOR SERVICES

The undersigned hereby subscribes for service for a minimum of 12 months and continuing monthly until cancelled by written notice at least 30 days prior to the end of any monthly period.

Talks over _____

The undersigned, have read and agree to the conditions and provisions set forth on the front and back of this agreement.

Signature _____

Print Name Here _____

Dated 2-10-94

Accepted _____

Title _____

Date _____

BEEPER COMMUNICATIONS
of Florida, Inc.

PLEASE NOTE: ALL SERVICES ARE BILLED IN ADVANCE AND PAYABLE BY THE 10TH OF EACH MONTH.

BEEPER COMMUNICATIONS

of Florida, Inc.

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CUSTOMER NAME NASSAU BOARD OF COUNTY COMMUNICATIONS BUS. PHONE 321-5700 ACCOUNT NO. _____
ADDRESS P.O. Box 1010 HOME PHONE EXT. 26 SALESMAN GARY MANNING
CITY FERNANDINA ACH. STATE FL ZIP 32035 EFFECTIVE DATE 2-10-94
CITY ABOVE SOCIAL SECURITY NO. _____
LOST PAGER ☐ RENEW STATE ☐ USED PAGER SALE ☐ 30 DAY WARRANTY

ADDRESS _____ NEW CUST. ☒ ADD SALE ☐ EXCHANGE ☐
AMT. ☐ QT. ☐ MONTHLY CHARGES

TV	MODEL	PHONE NUMBER	CAP CODE	SERIAL NUMBER	SERVICE
1	PAN. Dig.	277-0261	0464012	(MAINT. DEPT.)	8.00
2	PAN. Dig.	277-0262	0464230	(CONTACT: DYKE)	8.00
3	PAN. Dig.	277-0263	0463713	(FOWELL)	8.00
4	PAN. Dig.	277-0264	1000304		8.00
5					
6	PAN. Dig.	277-0265	0464403	(CUSTODIAL DEPT.)	8.00
7				(DOROTHY B.)	
8					
9					
10					

PAGER LOSS REGULATIONS

- ☒ CUSTOMER ELECTS LOSS PROTECTION
Yearly Cost Per Unit \$ 10
Deductible ☒ \$25 ☐ \$50 ☐ \$75 ☐ \$100
Coverage begins with effective date, renews each year January 1.
Loss Protection is not refundable, and covers one loss or one year.
- ☐ CUSTOMER DECLINES LOSS PROTECTION. Assumes responsibility for the loss of or damage to paging equipment owned by Beeper Communications by fire, theft, water and similar causes, as well as for loss or damage caused by the deliberate action or negligence of the subscriber, and agrees to pay current retail price for replacement pager.

VALUE _____ PER UNIT _____ TOTAL _____

PLEASE Bill
up until
Sept. 1994
then begin
Billing on
ANNUAL BASIS
ANNUAL FEE

PAGER SALE	
FIRST MONTH	
LAST MONTH	
FIRST MONTH(S)	
MISC.	
SALES TAX	
MAIL BOX	
LOSS PROTECTION	90.00
TOTAL DUE	

AGREEMENT FOR SERVICES

The undersigned hereby subscribes for service for a minimum of 12 months and continuing monthly until cancelled by written notice at least 30 days prior to the end of any monthly period.

Calls over _____

The undersigned, have read and agree to the conditions and provisions set forth on front and back of this agreement.

Signature _____
Name Here _____

2-10-94

Accepted _____

Title _____

Date _____

PLEASE NOTE: ALL SERVICES ARE BILLED IN ADVANCE AND PAYABLE BY THE 10TH OF EACH MONTH.

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1906-2 PARENTAL HOME ROAD • JACKSONVILLE, FL 32216
JAX. 904/721-1000 • ST. AUG. 904/824-7267 • FERN. 904/281-8819

CUSTOMER NAME NASSAU BOARD OF COUNTY COMMISSIONERS BUS. PHONE 321-5700 ACCOUNT NO. _____
ADDRESS P.O. Box 1010 HOME PHONE EXT. 26 SALESMAN GARY MANNING
CITY FERNANDINA BEACH STATE FL ZIP 32035 EFFECTIVE DATE 2-10-94
BIR To ABOVE SOCIAL SECURITY NO. _____
LOST PAGER ☐ REINSTATE ☐ USED PAGER SALE ☐ 30 DAY WARRANTY

ADDRESS _____ NEW CUST. ☒ ADD SALE ☐ EXCHANGE ☐
CITY _____ STATE _____ ZIP _____ NO. ☐ QT. ☐ MONTHLY CHARGES

	MODEL	PHONE NUMBER	CAP CODE	SERIAL NUMBER	SERVICE
1	PAN. Dig.	277-0261	0464012	(MAINT. DEPT.)	8.00
2	PAN. Dig.	277-0262	0464230	(CONTACT: DYKE)	8.00
3	PAN. Dig.	277-0263	0463713	(FOWELL)	8.00
4	PAN. Dig.	277-0264	1000304		8.00
5					
6	PAN. Dig.	277-0265	0464439	(CUSTODIAL DEPT.)	8.00
7				(DORTHY B.)	
8					
9					
10					

PAGER LOSS REGULATIONS

- ☒ CUSTOMER ELECTS LOSS PROTECTION
Yearly Cost Per Unit \$ 8
Deductible ☒ \$25 ☐ \$50 ☐ \$75 ☐ \$100
Coverage begins with effective date, renews each year January 1.
Loss Protection is not refundable, and covers one loss or one year.
- ☐ CUSTOMER DECLINES LOSS PROTECTION. Assumes responsibility for the loss of or damage to paging equipment owned by Beeper Communications by fire, theft, water and similar causes, as well as for loss or damage caused by the deliberate action or negligence of the subscriber, and agrees to pay current retail price for replacement pager.

VALUE _____
PER UNIT _____ TOTAL _____

PLEASE Bill
up until
Sept. 1994
then begin
Billing on
ANNUAL BASIS
ANNUAL FEE

PAGER SALE	
FIRST MONTH	
LAST MONTH	
FIRST MONTH(S)	
MISC.	
SALES TAX	
MAIL BOX	
LOSS PROTECTION	170.00
TOTAL DUE	

AGREEMENT FOR SERVICES

The undersigned hereby subscribes for service for a minimum of 12 months and continuing monthly until cancelled by written notice at least 30 days prior to the end of any monthly period.

Calls over _____ @ _____

I, the undersigned, have read and agree to the conditions and provisions set forth on the front and back of this agreement.

Signature _____

Print Name Here _____

Dated 2-10-94

Accepted _____

Title _____

Date _____

PLEASE NOTE: ALL SERVICES ARE BILLED IN ADVANCE AND PAYABLE BY THE 10TH OF EACH MONTH.

BEEPER COMMUNICATIONS
of Florida, Inc.