



State Chemical
 5915 Landerbrook Drive, Suite 300
 Mayfield Heights, OH 44124
 To Order Call: 1-866-747-2229
 Fax: 1-888-771-9670
 agreementmaintenance@stateindustrial.com

Program Agreement

Care for Work Environments®

Customer Name:	Nueces County Jail	Contact:	Martin Murillo
Address:	901 Leopard Rm 304	Telephone:	361-888-0426
City, State, Zip:	Corpus Christi TX 78404	Customer email:	

Agreement

This Agreement, between the "Customer" named above and State Industrial Products Corp. (State), is effective for 2 year(s) from the date of acceptance by State. This Agreement will automatically renew for successive one (1) year periods following the initial period unless terminated as set forth below.

- 1) Customer agrees to purchase from State the "Program" described below.
- 2) Customer shall be responsible for the proper storage and maintenance of materials and dispenser equipment provided under this Agreement. Damaged or lost dispenser equipment provided under this Agreement will be charged to the Customer at the then current list price. Defective dispenser equipment will be repaired or replaced by State, at State's sole discretion.
- 3) State will provide limited service on all dispensers, including replacement of wearable parts, dispenser installation, set-up and dispenser maintenance during the term of this Agreement.
- 4) The Agreement price includes freight on all materials and equipment.
- 5) The Agreement includes only the dispensers, products and services listed in the program. Additional dispensers, products and services must be purchased separately.
- 6) This Agreement may be discontinued by either party with 30 days advance written notice. In the event this Agreement is discontinued prior to the initial period, customer will be billed by State \$0 for installed dispensers listed in the Program.
- 7) Fees are locked in for annual periods and will only be adjusted on the anniversary of the acceptance date. During the initial term and all subsequent renewals, annual fee increases will not exceed 3%.

Program

Type	<input type="checkbox"/> One Solution™ <input checked="" type="checkbox"/> 24/7™ <input type="checkbox"/> Air Care <input type="checkbox"/> Hand Care <input type="checkbox"/> Water Treatment <input type="checkbox"/> Other _____		
Dispensers	DR-2000-14ct		
Products	D-Stroy; Orange Buoy		
Services			
Fees	\$	\$2,965	Paid: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly

Acceptance

	Accepted by State	Accepted by Customer
Accepted by (signature)	Maggie Lumpp	
Printed Name	Maggie Lumpp	
Title	Account Mgr. TXMas-5-51V020	
Acceptance Date	11-26-13	