



Avatel Technologies, Inc.
 220 S. Hilltop Rd, Brandon, FL 33511
 For Service: 866-835-2661 Prompt 4



2009 Business Partner of the Year
Service Protection Plan 163955

Date 10/22/2020
 Account Executive: **Fred Sternberg**
 Toll-free Phone: 866-835-2661 Ext: **1137** Fax: (813) 699-1683

Customer: Tyler County Tax Office

Ship To: Tyler County Tax Office

Site Phone: (409) 283-3652 Fax
 Contact: Maegan Odom
 Bill To: Tyler County Tax Office

Ship Phone: (409) 283-3652
 Ship To 1001 West Bluff St
 Address: Woodville TX 75979

1001 West Bluff St
 Woodville TX 75979

Bill Phone: (409) 283-3652

Coverage	Qty	Description	Terms in Months
8-5	1	AVAYA IPO IP500 V2 CONTROL UNIT- TAA	24
8-5	1	AVAYA IPO IP500 V2 SYSTEM SD CARD MU-LAW	24
8-5	2	IP500 V2 ATM Combo Card Replaces 700476013	24
8-5	8	1416 TELSET FOR CM/IPO/IE UpN ICON	24

Mail Payments to the following Addressee:
 Avatel Technologies, Inc.
 220 S. Hilltop Rd., Brandon, FL 33511

Payment Terms **Quarterly**
 Payment Amount: **\$295.00**

Equipment listed above will be covered under the Protection Plan description and in accordance with the attached terms and conditions included once all products are inventoried and verified in working order.

Only the equipment listed above is covered under this maintenance agreement. Any service call that results in service work not listed or equipment that is not listed above, will be billable.

(Initial) If the Agreement requires a System Certification for a technician to inventory and certify that equipment is in working order, should the customer decide not to move forward with the maintenance agreement for any reason, after the system certification has been completed, the customer agrees to pay the System Certification Charge of \$420.00.

The Protection Plan will commence upon execution of the agreement between both parties, certification and receipt of payment agreed upon.

Company: Tyler County Tax Office

Signature: X _____
 (Authorized Signature)

Print Name: X _____

Print Title: X _____

Date: X _____

Avatel Technologies, Inc: _____
 (Authorized Signature)

Print Name: _____

Print Title: _____

Date: _____