

Periodic Maintenance Contract

Combi Packaging Systems LLC shall, for the contracted period, perform the scheduled maintenance services for the customer and equipment listed below. These services will be performed on an interval agreed upon at the beginning of this contract. The rates include a discount on all parts, labor and travel time required to complete the appropriate service schedule and will remain in effect for the following twelve month period:

Beginning Date _____ **and Ending Date** _____

The customer will be invoiced a discounted rate as noted in the rate column of this form. This discounted rate only applies to the scheduled periodic maintenance visits identified. Standard service calls will be invoiced at effective published service rates.

Billing Information

Customer	<input type="text"/>	Contact Name	<input type="text"/>
Billing Address	<input type="text"/>	Phone	<input type="text"/>
City, State, Zip	<input type="text"/>	Fax	<input type="text"/>

P.O. Information

Purchase Order Number

Can this P.O. Number be used on all visits covered by this Contract?

Yes No

FREQUENCY of MAINTENANCE

<input type="checkbox"/> Quarterly 15% off Travel Time 15% off Labor 4) \$200 Parts Voucher	<input type="checkbox"/> Semi-Annual 10% off Travel Time 10% off Labor 2) \$200 Parts Voucher	<input type="checkbox"/> Annually 5% off Travel Time 5% off Labor 1) \$200 Parts Voucher
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Current Hourly Labor Rate: \$ _____

Equipment Location

Same as Billing Address Above?

Yes No

If No, Street Address

City, State, Zip

Equipment # <input type="text"/>	Model <input type="text"/>	Serial Number <input type="text"/>	Equipment Dept or Contact <input type="text"/>
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Customer Signature _____ Date _____

Fax to the Combi Service Department (330) 456-4644