

SERVICE AGREEMENT

W: www.cardknox.com E: info@cardknox.com

				APPLICATION DATE:					
1000	NT THEODMAT	ron.				NO			
ACCOUNT INFORMATION CUSTOMER COMPANY NAME / DBA NAME County of El Dorado				BILLING INFORMATION BILLING NAME (FIRST NAME, LAST NAME) County of El Dorado					
contact name (FIRST NAME, LAST NAME) Bulliding and Planning Department				BILLING ADDRESS 2850 Fairlane Court					
CONTACT ADDRESS 2850 Fairlane Court	1			BILLING AI	DDRESS 2				
CONTACT ADDRESS 2				CITY Placerville			STATE CA	ZIP CODE 95667	
CITY Placerville	STATE CA		ZIP CODE 95667	BILLING CONTACT PHONE NUMBER		В	BILLING CONTACT FAX NUMBER		
CONTACT PHONE NUMBER		CONTACT FAX NUMBER		BILLING CONTACT E-MAIL ADDRESS cdafiscal@edcgov.us					
CONTACT E-MAIL ADDRESS				SHIPPING INFORMATION					
ADMINISTRATIVE REPRESENTATIVE NA (Authorized for Account Change Reque		OWNER SS # / FED TAX ID #			SHIPPING CONTACT NAME (FIRST NAME, LAST NAME) County of El Dorado				
					SHIPPING ADDRESS (If Different From Billing Address) 2850 Fairlane Court				
Payment method (Please check):	NT INFORMAT	ION		SHIPPING	ADDRESS 2				
☐ ACH Debit (Must attach copy of voided check) ☐ Credit Card - setup fee only				CITY Placerville			STATE CA	ZIP CODE 95667	
☐ American Express ☐ MasterCard ☐ Visa ☐ Discover Account Name				SHIPPING CONTACT PHONE NUMBER 530-621-5935			SHIPPING CONTACT FAX NUMBER		
				SHIPPING CONTACT E-MAIL ADDRESS kyle.zimbelman@edcgov.us					
				TKY10.ZIII	ibeiman e caogov.	<u>uo</u>			
				Paym	ent Gateway S	ervice	s	I	
Product Description	Quantity F	Product Cost	Activa	tion Fee				Transaction Fee	
Cardknox	1	1		89	\$10				
	SUBTOTAL								
BBPOS				5 0				\$0.045	
^{3.} Paymentsite	SUBTOTAL								
	SUBTOTAL	rotal		\$0 \$2.50					
	Total:								
NOTES: Verifone MX 915	5 at \$675 ead	ch.							
Your signature below indicates that you	have read, understoo	od and agree with	the Terms and	Conditions or	utlined on the next page				
AUTHORIZED CUSTOMER SIGNATURE			PRINT NAME				DATE		
AUTHORIZED SELLER SIGNATURE			PRINT NAME				DATE		