

SECOND AMENDED

Agmt # 2709-02

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

					APPLICATION DATE:			
ACCOUNT INFORMATION					Control of the Contro	INFORMATION	2 No. 10 10 10 10 10 10 10 10 10 10 10 10 10	
CUSTOMER COMPANY NAME / DBA NAME County of El Dorado					IAME (FIRST NAME, LAST NAME) nty of El Dorado			
CONTACT NAME (FIRST NAME, LAST NAME)				BILLING A				
Building and Planning Department				2850 Fairlane Court				
CONTACT ADDRESS				BILLING A	DDRESS 2			
2250 Fairlane Court								
CONTACT ADDRESS 2				CITY STATE ZIP CODE Placerville CA 95667				
CITY Placerville	STATE CA		ZIP CODE 95667	BILLING CONTACT PHONE NUMBER		BILLING CONTACT F	BILLING CONTACT FAX NUMBER	
CONTACT PHONE NUMBER 530-621-5953				BILLING CONTACT E-MAIL ADDRESS cdafiscal@edcgov.us				
CONTACT E-MAIL ADDRESS					SHIPPING	INFORMATION		
Kyle.zimbelman@edcgov.us				SHIPPING CONTACT NAME (FIRST NAME, LAST NAME)				
ADMINISTRATIVE REPRESENTATIVE NAME (Authorized for Account Change Requests) Kyle Zimbelman				SHIPPING ADDRESS (If Different From Billing Address)				
PAYMENT INFORMATION				SHIPPING ADDRESS 2				
Payment method (Please check):								
ACH Debit (Must attach copy of volded check)				CITY		STATE	ZIP CODE	
☐ Credit Card - setup fee only ☐ American Express ☐ MasterCard ☐ Visa ☐ Discover				SHIPPING	CONTACT PHONE NUMBER	SHIPPING CONTACT	FAX NUMBER	
Account Name								
				SHIPPING CONTACT E-MAIL ADDRESS				
		YW20-04.91111.00					-	
				Pavm	ent Gateway Serv	ices		
Product Description	Quantity	Product Cos	t Activat	ion Fee	District Control of the Control of t	thorization Fee	Transaction Foo	
1.						thorization ree	Transaction ree	
	1	\$200	\$0	.00	\$0.00			
Cardknox	SUBTOTAL							
Monthly statement					\$0.00			
	SUBTOTAL		_					
3. Doumontoito								
Paymentsite	SUBTOTAL		\$0.	.00	\$0.00			
	Total:		40					
			COMMON TRANSPORT					
NOTES:								
This is a one time fee for the life of the contract that replaces the monthly and annual fees.								
our signature below indicates that you have read, understood and agree with the Terms and Conditions outlined on the next page								
AUTHORIZED CUSTOMER SIGNATURE PRINT NAME			PRINT NAME			DATE		
			. DATE HOPE			JAIL	8	
AUTHORIZED SELLER SIGNATURE	PRINT NAME Larry Wieder			DATE 2/15] KI			