

1094062
(Royal Cup Customer Acct./Prospect #)

Name Stockbridge City Hall
(As shown on sold to address)

PLEASE PRINT

CHECK ONE

- Proprietorship
- Partnership
- Limited Partnership
- Corporation
- Non-Profit Organization

Name(s) & Home Address of Proprietor or Partner(s)

Name _____ Name _____
 Home Address _____ Home Address _____
 City/ST/Zip _____ City/ST/Zip _____
 Home Phone # _____ Home Phone # _____
 Social Security # _____ Social Security # _____

CREDIT STATEMENT

THE UNDERSIGNED HEREBY AGREES TO PAY ALL COSTS OF COLLECTIONS, INCLUDING REASONABLE ATTORNEY'S FEE IF THIS ACCOUNT IS NOT PAID WHEN DUE. THE UNDERSIGNED FURTHER AGREES TO PAY INTEREST ON PAST DUE BALANCE AT THE GREATER OF ONE AND ONE-HALF PERCENT (1 1/2%) PER MONTH. ANNUAL PERCENTAGE RATE OF EIGHTEEN PERCENT (18%), OR THE MAXIMUM PERMITTED UNDER APPLICABLE LAW.

AUTHORIZED PERSON:

Date 7-22-09

Print Name Meryl Manders
 Signature X Meryl Manders
 Title clerk

MULTI-JURISDICTION SALES TAX FORM

We are registered with the below listed State within which your firm would deliver purchases to us and any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased, or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing, or renting.

State GA State Sales Tax # NA
 (Not Fed I.D. #)

Please check the appropriate box below and acquire signature at bottom of page.

1. NON-TAXABLE (The required state sales tax number must be indicated in the space provided above.)
(PRODUCT BOUGHT FOR RESALE)
2. EXEMPT (Non-Profit organizations specifically exempt by acts of the legislature from payment of Sales and Use Tax. **A copy of this certificate must be attached to this form and returned to Royal Cup, Inc.)**
3. NEVER TAXABLE (A copy of the Permit **must be attached to this form and returned to Royal Cup, Inc.)** Etc. as Indian Reservation / Distributor / Government Agency.
(SPECIAL PERMIT)

I further certify that if any goods so purchased tax free are used or consumed by the firm as to make it subject to a Sales or Use Tax, we will pay the tax due directly to the proper taxing authority when state law so provides. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state.

City of Stockbridge
COMPANY NAME (PLEASE PRINT)

X _____
AUTHORIZED SIGNATURE

General description of Products to be purchased from the seller:
COFFEE, FOOD PRODUCTS, AND RELATED GOODS.



AREA# 25 RTE# 129 SLS# 6694 DATE 10/05/2007 TIME 10:45
 DOC#0003961295852 PAGE 1

ROYAL CUP INC.
 EQUIPMENT LOAN AGREEMENT

CUSTOMER# 1094082 STOCKBRIDGE CITY HALL
 4640 NORTH HENRY
 STOCKBRIDGE, GA 30281

EQUIP#	DESCRIPTION	BARCODE	NEW	MFG SERIAL#	ACTION
907010	ALPINE ELMNATRC/C TT	00379742	YES		ADD
907013	ALPINE ELMNATRC/C FL	00564591	YES	9030287	ADD
902505	Bunn CMTF15-3 3 Low	00548910	YES	CMTF396270	ADD

1. This agreement is to provide for the use of equipment, hereinafter called the "Equipment", described above and owned by Royal Cup, Inc., 150 Cleage Drive, Birmingham, Alabama 35217, hereinafter called "Royal Cup".
2. The Equipment is loaned to the Customer, but shall at all times remain the property of Royal Cup. The Customer agrees to use only products sold by Royal Cup in such Equipment. The Customer will provide water and electrical connections for the Equipment in accordance with the local building codes and will provide adequate counter space to accommodate the Equipment. The Customer will perform operator level maintenance on the Equipment as called for in the Operator Manual for each item of equipment installed.
3. The Equipment shall be kept solely on the premises of the Customer at the address shown above. The Customer will use care and diligence in handling the Equipment, will indemnify Royal Cup and hold Royal Cup harmless from and against any liability, damage, loss, cost or expense, including its reasonable attorney fees, arising from the maintenance, use, or operation of the Equipment, and will return the Equipment to Royal Cup at the termination of this agreement in as good condition as when received by the Customer, normal wear and tear excepted. If any item of Equipment is damaged, destroyed, or lost by reason of fire, theft, or other cause, the Customer will pay Royal Cup the full replacement cost.
4. The Customer agrees to list the Equipment with the applicable state, county, city, or other jurisdictions for property tax assessment purposes and to pay any and all property taxes related to the Equipment.
5. This agreement may be terminated immediately by either party upon written or oral notice to the other party at the above respective addresses, or if the Customer cannot be found at the said address, by removal of said Equipment by Royal Cup from the Customer's premises. Royal Cup is given the right to enter said premises at all reasonable times to inspect said Equipment, and to remove the same upon termination of this agreement.

INV# 0001901295923
 AMOUNT: \$+.00

SIGNATURE _____ *Maria Monday*

Contract Form
Attention Lisa Payne
Accounting Department
Ph: 205-271-6914
Fax: 205-329-7714

Royal Cup Representative Jim Fitchett

Espress Ship Account Yes (No)

ROUTE# 525 Customer Account # 109-4062

If you have more than one account that should go to one billing address, please make sure they are all linking to the same payer number.

Customer Name Stockbridge City Hall

Contact Person Merle Munders

Customer PO # (If Available) _____

Description of Equipment (Include quantity, make, model and Serial #)

Qty: 2 Oasis Filtered
water machines

Billed: One time only _____ Monthly Quarterly _____ Yearly _____

Amount: \$ 2 x 35.00
70.00 (Based on above)

(Always list the monthly dollar amount, even if Qtrly or Yearly)

Start Date 8-1-04 Ending Date _____

(If no ending date, the date will be ongoing 12/31/9999)

Product Code to be used 9955

Type of Machine

- | | |
|------|---|
| 9955 | Water Cooler |
| 9954 | Specialty Coffee Machine (Flavia, Keurig, Avalon, etc.) |
| 9966 | Expensed Equipment |
| 9921 | Lease Fee |
| 9950 | Maintenance Fee |
| 9959 | Rental Fee |

Contract Number _____ (entered by Lisa)



Remit to:

Royal Cup, Inc.

160 Cleage Drive
PO Box 170971
Birmingham, AL 35217

INVOICE

InvoiceNumber:	2705250280
Invoice Date:	1/7/2015
Invoice Due Date:	2/6/2015
Route #:	0525-ATLANTA TM OCS S
Service Rep:	
PO Number:	
Delivery Date:	
Sales Rep:	
Sales Order No.:	
Sales Order Date:	
Customer Number:	0001094062
Tax ID #:	
Terms:	Within 30 days Due net
Ship Via:	
Reference Doc.:	100631397

Ship-to Address

0001094062

STOCKBRIDGE CITY HALL
4640 NORTH HENRY
STOCKBRIDGE, GA 30281

Billing Address

0001094062

STOCKBRIDGE CITY HALL
4640 NORTH HENRY
STOCKBRIDGE, GA 30281

For questions call: 1-800-347-5836

DETAILS

ITEM #	DESCRIPTION	QTY	UOM	PRICE	CURR	SUBTOTAL	TAX	EXTENDED PRICE
9955	Water Filtration Rental	2	CS	35.00	USD	70.00	0.00	70.00
TOTALS		2				70.00	0.00	70.00

TOTAL DUE: \$70.00

PLEASE REMIT AMOUNT DUE TO ABOVE ADDRESS
THIS INVOICE IS SUBJECT TO REGULAR TERMS AND
CONDITIONS

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THANK YOU FOR YOUR BUSINESS!!