



Metropolitan Data Solutions

SERVICE AGREEMENT
No: FA 007981

279 Conklin Street, Farmingdale, NY 11735 ATTN: Contracts Department, Tel: (516) 586-5520 **FAX: (516) 586-5526**

BILLING ADDRESS:	INSTALLED ADDRESS:
Account/Loc #: 1403 000	Account/Loc #: 1403 000
Customer: Long Beach Police Department	Customer: Long Beach Police Department
Street Address: 1 West Chester Street	Street Address: 1 West Chester Street
City/State/Zip: Long Beach, NY 11561	City/State/Zip: Long Beach, NY 11561
Contact: Jean Tasevoli	Contact: Jean Tasevoli
Phone#: (516) 705-7307	Phone#: (516) 705-7307
Email: Jtasevoli@lbpd.com	Email: Jtasevoli@lbpd.com

CONTRACT TERM	Start Date: 07/01/21 <i>Month/Day/Year</i>	End Date: 06/30/22 <i>Month/Day/Year</i>	Total Months Coverage: 12	ZONE <i>(Check Appropriate Box)</i>		
				A	B	C
				X		

MODEL	SERIAL NO.	DESCRIPTION	Annual Card Limit	# PM	Service Type	Rate
CP80 Plus Software Signature Capture E-Seek	P96635 CS60010081 TLBK462HL7A8924 2500008475	CP80 Printer Software Signature Capture Pad Drivers license reader	NA		ON-CALL	\$1,200.00

<p>NOTES:</p> <ul style="list-style-type: none"> ▪ Coverage Hours: Monday-Friday, 8am to 5pm ▪ Billing Frequency: Annually in advance ▪ Supply items are NOT included in the Service Maintenance Contract <ul style="list-style-type: none"> ▪ (ie. Cards, Print heads(or labor to replace printheads), cleaning rollers, overlay, etc.) ▪ If annual card limit is exceeded, Metropolitan Data Solutions reserves the right to terminate this agreement ▪ Contract pricing is based on customers purchasing Datacard authorized supplies from their local Datacard authorized dealership. 	<p>TOTAL * \$1,200.00</p> <p><i>*Contract not valid without payment.</i></p> <p>SEND PAYMENT with this document</p> <p>MASTERCARD, VISA OR COMPANY CHECK</p> <p>Total contract amount DOES NOT Include sales tax if applicable.</p> <p><input type="checkbox"/> CHECK BOX IF TAX EXEMPT</p> <p><i>(If tax exempt, attach a copy of the exemption certificate)</i></p>
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CUSTOMER AUTHORIZED SIGNATURE _____	PO NUMBER (Attach Copy) _____	DATE _____
CUSTOMER NAME (PLEASE PRINT) _____	TITLE _____	PHONE # _____
Service Manager: Jonathan Friedfertig jfried@mds-ltd.com		Date: 06/01/21
Phone: 516 586-5520 x108		

CONTRACT QUOTE VALID FOR 60 DAYS. SUBJECT TO ALL THE TERMS, CONDITIONS, AND LIMITATIONS INCORPORATED BY REFERENCE AS SHOWN ON THE BACK HEREOF. THIS AGREEMENT SHALL NOT BE BINDING AND EFFECTIVE UNTIL ACCEPTED BY METROPOLITAN DATA SOLUTIONS. TERMS AND CONDITIONS CANNOT BE CHANGED. FAX / MAIL COMPLETED FORM TO THE CONTRACTS DEPARTMENT (Phone / Address Above)