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Office H2O
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Indianapolis, IN 46256
8 Offices Serving Indiana, Kentucky, Ohio, and Greater Chicago
(866) 621-6910



CUSTOMER INFORMATION		BILLING INFORMATION (if different)	
Company Full Legal Name: Boone Co Board of Education		Company Name:	
Contact: Donny Grant	Phone #: 859-282-3320	Billing Contact:	Phone #:
Contact Email: donny.grant@boone.kyschools.us	Mobile #:	Billing Contact Email:	Mobile #:
Equipment Location Address: 8330 U.S. Hwy 42		Billing Address:	
City, State, Zip: Florence, KY 41042		City, State, Zip:	
Company Email:	TIN#:	Billing Email:	P.O.#:
Org Type: <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ State incorporated/organized: _____			

RENTAL TERM	MONTHLY PAYMENT	BILLING FREQ./TYPE	SPECIAL INSTRUCTIONS
36 mo's 60 mo's	\$ 288.00 (plus taxes)	<input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Check <input type="checkbox"/> Monthly <input type="checkbox"/> ACH	

EQUIPMENT SCHEDULE	ACCOUNT SETUP FEES
(6) WS 7,000	Installation Fee \$ 275 / Unit = \$ _____
	Other Fees* = \$ _____
<input type="checkbox"/> See attached equipment schedule (if applicable).	
	* _____

Agreed and Accepted by:

Customer:

Authorized Signature

Name Printed

Title

Date

Distributor:

[Signature]
Signature

Account Executive

Title

9/30/23
Date

Customer acknowledges having read and understood all of the terms of this Rental Agreement, including page 2 hereof, and agrees to be bound by all of the terms herein upon execution of this Rental Agreement.

Reference Number _____ (for internal use only)