OFFICE TENDERS, INC., P.O. BOX 113, HOUGHTON, MI 49931 MEMO OF AGREEMENT - SFT-UP A NEW COMPANY

COMPLETE Business Name - Include INC,						
LLC, DBA etc.						
Select for your company:		In state ONLY Inside and Outside your state				
Complete MAILING Address						
Complete Delivery (UDS) Address						
Complete Delivery (UPS) Address Required for Drug/Alcohol Program						
Telephone Number – Business						
Telephone Number – Cell						
•						
Telephone Number – Home						
FAX Number						
Email address						
Business OWNER						
Business Secretary or Contact						
		ES THAT YOU AGREE TO HAVE OFFICE TENDERS, INC. PERFORM				
Driver Compliance File		/ES - Set-Up and Maintenance – <u>DOT REQUIRED</u>	ĻĻ	_	10	
ANY "Seasonal" employees?		Έ\$	L		10	
Drug & Alcohol Testing		/ES - Random Testing – <u>DOT REQUIRED</u>			10	
Driver Log Auditing		'ES - Send logs to Office Tenders, Inc. monthly or bi-monthly.		_	10	
Fuel Tax Reporting YES - Send documents <u>AS SOON AS POSSIBLE</u> to avoid state late fees.				N	10	
	For of	<u>her services, please call (800) 954-3414 or (906) 482-3172</u>				
		MORTANT CLIENT INFORMATION				
The Customer recognizes that the law	speci	fically requires the EMPLOYER (Customer) to be responsible for administration of al	I			
		nance of all files and compliance to all Federal Motor Carrier Safety Regulations. Yo		are	e to	
hold Office Tenders, Inc. harmless for	any f	nes resulting from non-compliance to the Code of Federal Regulations.				
		sportation (DOT) Compliance Assistance as you have checked above.				
Office Tenders bills for work once it is completed.						
 Annual billing for the program(s) you have chosen is done on an annual basis. 						
 You agree to payment terms of NET 10 days from the date of all billing unless other arrangements have been made with Office 						
Tenders, Inc. Late fees will be assessed.						
						
		ITTEN NOTICE by U.S. Mail, FAX or Email, by either party, is required for cancellation	<u>n. (</u>	<u>)tti</u>	ice	
<u>Tenders, Inc. will cancel services when there are serious problems such as the examples below:</u>						
Ignore mail, Email or telephone calls from Office Tenders, Inc. – Fail to communicate						
Ignore quarterly Drug & Alcohol random selections – NON-Compliance with Federal Regulations Failure to new bills on time						
• Failure to pay bills on time						
<u>Failure to keep us updated regarding terminated or laid-off employees who are not available for drug/alcohol testing or adding</u>					g	
<u>new employees. – Failure to communicate</u>						
 Fail to send us a copy of ALOHOL TESTING proof. – Communication failure. 						

Phone: (906) 482-3172 - Toll Free: (800) 954-3414 - FAX: (906) 482-3174 - email: amcmahon@pasty.com

\rightarrow RETURN SIGNED COPY TO OFFICE TENDERS, INC. \leftarrow

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<u>A \$100 down-payment (deducted from final bill) is required before setting-up a new company.</u> Payment with a credit card, money order or check is acceptable and eliminates the need for a down-payment.

Company Name:	Office Tenders, Inc.		
Signature:	Jim Weiler and Ann Weiler McMahon		
DATE:	11/11/2015		

FOR DRUG & ALCOHOL PROGRAMS ONLY

If your company is seasonal, we need the estimated dates that drivers are not working – this related directly to drug & alcohol testing.								
Estimated Date of Seasonal "Layoff"	Estimated Date of Seasonal "Start-up"							

List each driver name and SS#:					

FOR DRIVER QUALIFICATION FILES

• Complete the attached "Driver Data Collection" form for each driver. Make copies as needed. Send to Office Tenders.

CREDIT CARD INFORMATION (if you prefer, call us with this information):

- Number: _____ Expiration Date: _____
- Security Code: _____ Discover, Visa, MC, AMEX
- Comments

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