



Customer Name: Dana Point

Billing Address: 1519 E CENTRAL RD.

City/State/Zip: ARLINGTON Hts. IL 60005

Telephone: 847-228-5176 Fax: 847-2285170

Equipment: 10 compactors Model #: _____

Trinity Compaction agrees to visually check the equipment listed above.

Monthly Quarterly Semi-Annually

At those times the following will be done:

- A. Check overall operations and mounting of machine.
- B. Check safety switches.
- C. Check timers.
- D. Check limit switches.
- E. Check oil in hydraulic reservoir.
- F. Check hydraulic system for leaks.
- G. Grease where needed.
- H. Submit report to supervisor.

Customer will be billed 220.00 per scheduled trip.

If machine is in need of repair, customer will be notified.

All parts and labor required to complete repairs will be an additional charge.

Service calls other than scheduled maintenance will be billed at 86.00 instead of normal rate of 92.00 and a 10% discount on all parts.

This agreement may be terminated by either party with a written 30 day notice.

Buyer information:

Company: _____

By: _____

Date: _____

Seller information:

Trinity Compaction

By: Bill Brady

Date: _____