



SERVICE AGREEMENT

Beginning Date: 7-1-2023 End Date: 6-30-2026 Customer Number: _____
Bill To: Clinton Regional Hospital Customer Site: Clinton Regional Hospital
PO Box 1177 100 N. 30th
Clinton, OK 73601 Clinton, OK 73601

GARRATT-CALLAHAN COMPANY agrees to provide a water treatment chemical program and service from the effective date as described in the following program summary.

For this program, CLIENT agrees to pay to GARRATT-CALLAHAN COMPANY the sum of:
Eight Thousand Eight Hundred Twenty DOLLARS \$ 8,820

Payable in 12 MONTHLY, QUARTERLY, ANNUAL (Check One) installment(s) of:
Seven Hundred Thirty-Five DOLLARS \$ 735⁰⁰

State and local taxes are not included in the dollar amount shown and will be added to each invoice unless a tax exemption certificate is submitted to GARRATT-CALLAHAN COMPANY. Initial: _____ Date: _____

Such invoices are to be paid by CLIENT monthly/ quarterly/ annually. Only monthly/ quarterly/ annual invoices will be submitted to the customer.

Invoices for materials used in conducting the program will be maintained internally by GARRATT-CALLAHAN COMPANY.

When agreed upon by both parties, this contract can be extended 3 additional year(s) at a 2 % Increase per year.

GARRATT-CALLAHAN COMPANY will make periodic calls to your facility, during which time we will perform all pertinent analyses for your applicable systems and make recommendations for all necessary parameters in order to make your treatment operation successful. Copies of our reports will be sent to responsible personnel as required.

The contract figure is based upon maintaining all limits according to our specifications and recommendations, and also upon normal load conditions and operations. Any change in the criteria, including expansions, additions, etc., will require renegotiation of terms.

GARRATT-CALLAHAN COMPANY will be responsible only for reasonable diligence and care in providing its program under the agreement. GARRATT-CALLAHAN COMPANY will not be responsible for failure or delay in providing its program due to any act or circumstances beyond its control.

Either party may terminate this agreement when just cause has been identified and delivered in writing, and if the deficient party has not taken corrective action within 90 days of the written notification. Upon termination the remaining chemical inventory (unopened container and within shelf life) and equipment shall be returned to G-C.

By signing, you are indicating that you have read and agreed to our Terms and Conditions of Sale, PO3410.

CLIENT: Clinton Regional Hospital GARRATT-CALLAHAN COMPANY

BY: _____
(PRINTED NAME)

BY: Michael Lloyd
(PRINTED NAME)

(SIGNATURE/DATE)

Michael Lloyd 6/24/2023
(SIGNATURE/DATE)

TITLE: _____

TITLE: Territory Manager