

FLORIDA SERVICES SOLUTIONS INSTALLED SALES CONTRACT

CUSTOMER NAME

LOWE'S AUTHORIZED REPRESENTATIVE

LOWE'S AUTHORIZED REPRESENTATIVE SALES ID D			DATE	CUSTOMER NAME			
Richie Kahlich 16492		1649239	03/26/202	John Smith	John Smith		
STORE NO. STREET ADDRESS				STREET ADDRESS			
0179	3463 NW Bascom Norris Dr			231 NW Weightty Gln			
CITY	STATE		ZIP	CITY	STATE	ZIP	
Lake City	FL		32055	Lake City	FL	32055	
TELEPHONE				TELEPHONE			
386-719-6622				386-984-2845			
EMAIL				EMAIL			
richie.g.kah	lich@store.low	es.com					
LOWE'S CONTRACTOR LICENSE # LOWE'S REPRESENT CCC1326824, CGC1508417, CRC1327732, FRO4517, FRO1584, FRO6140			(If Applicable)	CREDIT/DEBIT CH	IECK LCC CAR	D GIFT CARD	
ent, the entire agreed denda and attachm OTICES," "TE	ement, including the nents hereto, shall be	specifically come referred to here ONDITIONS,	pleted pages of this in as this "Contract.	comes an agreement upon p s document, the Terms and 0 " PLEASE READ THIS "NDUM" CONTAINED	Conditions included wit	h this document and any о ИENT, INCLUDING Т	
	INSTALLATION STREET ADDRESS 231 NW Weightty GIn		CITY		STATE	ZIP	
			Lake (Jity	FL	32055	
nstall (11 lung Wir	Opening ndows w/	gs) Atriu Ultra L	um Relial ow E & A	bilt 130 Serie	es White V estall (1) A	trium Reliab	
	·			Ultra Low E,			
etween	the Glass	s. Price	includes	: 10% Military	/ Discount		
				→ co	NTRACT TOTAL \$9	.198.83	
				→ ^{CO} (IN	NTRACT TOTAL CLUDING TAX) \$9	,198.83	

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Work is to commence upon reasonable availability of Contractor and/or any special order or customer made Good(s) which is anticipated to be $\frac{06/15/2021}{}$ [fill in date]. Estimated completion date is $\frac{07/15/2021}{}$ [fill in date].