



Cust # Sold To: \_\_\_\_\_

Cust # Ship To: \_\_\_\_\_

#### TENNANT PAY AS YOU GO AGREEMENT

By signing up under Tennant Sales and Service Company's Planned Maintenance Program, you will benefit by receiving the PM labor rate stated below for all work performed on the Equipment specified below. This lower rate applies to both scheduled PM work and any additional repairs between scheduled visits on the equipment specified within this agreement. Additional service beyond Planned Maintenance will be performed only upon verbal or written authorization. To qualify for this labor rate, each machine must be scheduled in advance for planned maintenance service at least two times per year. Your Tennant representative can help you determine how often your machine should be serviced. Travel costs to your place of business will be assessed as either a flat trip charge or hourly Portal rate per visit, as specified below.

PM Labor Rate: \_\_\_\_\_

Regular Labor Rate: \_\_\_\_\_

Site Visit: \_\_\_\_\_

(Portal or Trip Charge) (Circle one)

Parts and shop supplies, will be billed to you at current list price, less any applicable discounts or you may furnish your own. Payment Terms: Net 30 days. Labor rate and site visit are subject to change. All service is subject to the warranties, terms and conditions for Service found at [www.tennantco.com/terms](http://www.tennantco.com/terms).

This agreement may be canceled by either party upon 60 days written notice.

#### Billing Address

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### Machine Address

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

PO: \_\_\_\_\_

Signature: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

#### Machine Information

**Model Number**

M20

**Serial Number**

12345

**Call Schedule**

Jan, Apr, Jul, Oct

(example 4x a year)


**First Visit:**

\_\_\_\_\_

**Completed by:**

Sales

Service

Distributor

Completed by Name:

\_\_\_\_\_

Distributor Company:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_