2354

NEWPORT
OREGON

AUTHORIZATION FOR AGREEMENTS, MOUs, OR OTHER DOCUMENTS OBLIGATING THE CITY

All contracts, agreements, grant agreements, memoranda of understanding, or any document obligating the city (with the exception of purchase orders), requires the completion of this form. The City Manager will sign these documents after all other required information and signatures are obtained.

Document: Health & Safety Institue Credit Terms & Conditions Date: 7/5/22

Statement of Purpose: So Aquatics can pay invoices by Accounts Payable and not on employee purchase card.

Department Head Signature: [signature] 7/5/22

Remarks, if any: Aquatics plan to teach First Aid CPR etc to the public. This will be a revenue generating program.

City Attorney Review and Signature: [signature] Date: 7/22/2022

Other Signatures as Requested by the City Attorney: _____
Name/Position

_____ Date: _____
Signature

Budget Confirmed: Yes ☒ No ☐ N/A ☐

Certificate of Insurance Attached: Yes ☐ No ☒ N/A ☐

City Council Approval Needed: Yes ☐ No ☒ Date: _____

After all the above requested information is complete and signatures obtained, return this form, along with the original document to the City Manager for signature. No documents should be executed prior to the City Manager's approval as evidenced by signature of this document.

City Manager Signature: [signature] Date: 7/23/22

Once all signatures and certificates of insurance have been obtained, return this document, along with the original, fully-executed agreement, MOU, or other document to the City Recorder. A copy of grant agreement and all project funding documents, must be forwarded to the Finance Department for tracking and audit purposes.

City Recorder Signature: _____ Date: _____

Date posted on website: _____

Health & Safety Institute

We Make Protecting and Saving Lives Easy®

Credit Terms and Conditions

1450 Westec Drive
Eugene, OR 97402
541-344-7099
800-447-3177

Credit Terms and Conditions for ASHI, MEDIC First Aid®, 24-7 EMS®, 24-7 Fire, Summit Training Source, and SafeTec

Customer Information

Legal Name of Business: The City of Newport

DBA or Tradestyle: Aquatic Center

Individual Name: Keeley Naughton

Mailing Address: 169 SW Coast Hwy

City: Newport State: OR Zip: 97365

Shipping Address: 225 SE Avery St.

City: Newport State: OR Zip: 97365

Business Phone: 541-265-4857 Fax: Web site: www.newportoregon.gov

Accounts Payable Contact Name: Kay Keady

Phone: 541-574-0621 Fax: 541-574-3355 Email: AccountsPayable@newportoregon.gov

Type of Business

☐ Corporation* ☐ LLC* ☐ Partnership ☐ Proprietorship ☐ Non-Profit ☑ Other

*State and date of incorporation: Oregon 1954

State Tax Exempt? *(If yes, attach copy of exempt certificate)* ☑ Yes ☐ No

Federal Tax ID No. 93-600-2222 Social Security No. n/a

Projected Annual Purchases $ 2000

Where do you receive funding? City of Newport

Terms of Sale

Terms are Net 30 days following date of invoice. Returned merchandise may be subject to a restocking fee and any original and additional shipping and handling charges.

General Conditions

Should it be necessary to bring any suit or proceedings against a customer for non-payment of his/her account, customer agrees that he/she will be liable for court costs, reasonable attorney fees at trial and appeal, and payment of full amount due plus accrued service charges. A $25 fee may be charged for returned checks.

This application must be signed by owner or authorized agent.

The representations provided in this application are complete and accurate to the best of my knowledge. THE TERMS AND CONDITIONS set forth herein are accepted without exception.

Signature: [signature] Printed Name: Spencer R. Nobel

Title: City Manager Date: 07-23-22

Signature: _____ Printed Name: _____

Title: _____ Date: _____

ASHI, MEDIC First Aid®, 24-7 EMS®, 24-7 Fire, Summit Training Source, and SafeTec are members of the HSI family of brands.