



Blue Voice Inc.

14 Brewster Road, Newton MA, 02461 US
+1 785-331-7691 | www.bluevoice.io

QUOTE

BILL TO
Montague County SO

QUOTE #: **212202413150326**
DATE: 03/01/2026
DUE DATE: 10/01/2026

ACTIVITY	TERM	AMOUNT
Service Blue Voice Software		
Year 1	03/01/2026 - 09/30/2026 (0.59 yr)	\$0
Year 2	10/01/2026 - 09/30/2027 (1 yr)	\$5,000

REMIT TO:

Blue Voice Inc., 14 Brewster Road, Newton, MA 02461

BALANCE DUE: \$0

Through signature, Montague County SO acknowledges the Blue Voice EULA and software agreement.

EULA: https://www.bluevoice.io/_files/ugd/bdcf33_c92a1ab53d84413c8a7c5f88ace47f35.pdf

Software Agreement (Standard):

https://www.bluevoice.io/_files/ugd/d84549_fae8c05babbf455d82f29938a9f985ba.pdf



Signature: _____
Contact Name: _____
Title: _____
Date: _____
Email: _____
Address: _____

Contact Telephone: _____

Blue Voice Inc.

Signature: David Lawrence
Name: David Lawrence
Title: CEO
Date: _____
Email: david@bluevoice.io
Address: 14 Brewster Road
Newton
MA 02461
Contact Telephone: 785-331-7691



Office Use Only: ☐ Plumbing ☐ HVAC ☐ Waterworks ☐ New Applicant
☐ Fire & Fabrication ☐ Facilities Supply ☐ Update

Mail:	Fax:	Primary location of material purchases (required):# City State
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A. APPLICANT (BUSINESS NAME OR NAME OF INDIVIDUAL IF SOLE PROPRIETOR)

Name			Phone
Street Address			Fax
City	State	Zip	Mobile
Email			

B. PRINCIPALS/OFFICERS

Title	Name	City/State	Social Security #	Birth date	Phone	Insolvency*
		/				
		/				
		/				
		/				

* List the year of any bankruptcy or insolvency by principal/officer or any affiliated corporation, LLC, partnership or business.

C. BILLING INFORMATION

All invoices and statements will be sent to the following email unless otherwise requested.			Are job names required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email Address (Required)			Are Purchase Orders Issued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sales Tax Exemption #	State	PLEASE ATTACH AN EXEMPTION CERTIFICATE FOR EACH STATE	Are you a small business, wholesale merchant or reseller?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Billing Instructions			Federal Tax ID#/Employer ID#		

D. ABOUT YOUR COMPANY (ATTACH FINANCIAL STATEMENTS FOR THE LAST TWO YEARS)

Primary Source of Revenue (please check only one box): <input type="checkbox"/> New Work <input type="checkbox"/> Repair/Remodel/Service <input type="checkbox"/> Builder/Developer			<input type="checkbox"/> Mechanical Contractor <input type="checkbox"/> Commercial Plumbing <input type="checkbox"/> Industrial		<input type="checkbox"/> MRO <input type="checkbox"/> Waterworks <input type="checkbox"/> HVAC		Type of Entity <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partner <input type="checkbox"/> Sole Prop		
Estimate Monthly Purchases with Ferguson Enterprises LLC						Surety / Bonding Company		Capacity	
Date Business Started		No. of Employees		Date of Incorporation		State of Incorporation		DUNS No.	
Type of License Held		State		Name of Holder		Number		Expiration Date	

E. REFERENCES

Type	Name	Email Address	Phone	Fax	Account #
Bank					
Supplier					
Supplier					
Supplier					

F. MISCELLANEOUS

1. **ENTIRE AGREEMENT:** This Agreement is between Ferguson Enterprises LLC and its subsidiaries (collectively "Seller") and the Applicant named above on page 1. This Agreement along with the terms and conditions located at <https://www.ferguson.com/content/website-info/terms-of-sale> on Seller's quotation, invoice or delivery ticket which are incorporated by reference (together referred to as "TERMS") represent the entire agreement between the parties and apply to all transactions. If the TERMS conflict with provisions of any other existing or future contract between Seller and Applicant (including Applicant's oral or written offer to purchase), whether or not signed by Seller, the TERMS herein shall prevail unless such other contract (a) specifically references this Agreement and the date, and (b) contains a signature of an officer of Seller. Other terms between the parties not meeting (a) and (b) are deemed void. Applicant grants Seller the exclusive right to select the forum for any disputes.
2. **PAYMENT:** Applicant agrees to pay for material and services ("Products") Net 10th proximo, unless on the invoice otherwise. Applicant must notify Seller of billing errors or adjustments in writing within ten (10) days from the invoice date. **Claims not received in writing within the time specified are waived by Applicant.** If Applicant fails to make any payment to Seller when due, the Applicant's entire account(s) with Seller shall become immediately due and payable and Seller may suspend further performance under any order with Applicant. Seller may repossess and remove any such Product, where payment is outstanding, without notice or demand. Alternatively, Seller may require Applicant to assemble and allow Seller to take possession. All past due amounts are subject to a service charge of 1.5% per month or up to the maximum rate permitted by law. If Applicant is in default for non-payment, then in addition to other remedies, Applicant agrees to reimburse Seller all costs of collections including reasonable attorneys' fees. In jurisdictions where a stated rate is required, reasonable attorneys' fees will be 15% of the outstanding balance. Seller shall grant a lien waiver only to the extent payment is received, paid by the bank, and not avoidable as a bankruptcy preference.
3. **SECURITY:** To secure payment and performance of all obligations and indebtedness of Applicant to Seller, Applicant hereby grants to Seller, and its successor and assigns, (i) a present and continuing first-priority Purchase Money Security Interest in all goods, inventory, equipment, and materials (including but not limited to construction related materials such as plumbing materials, appliances, waterworks, heating and air conditioning materials, tools, safety accessories and related supplies) which may be sold, consigned, leased, rented or delivered by Seller, directly or indirectly, to or for the benefit of, Applicant, and all proceeds thereof, including but not limited to insurance proceeds and proceeds from sale, lease, rental, return or repossession of same (the "PMSI Collateral"); (ii) a security interest in all existing and subsequently arising accounts and accounts receivable, chattel paper, general intangibles, goods, instruments, equipment, inventory, and supporting obligations and documents, whether or not related to the PMSI Collateral. Applicant authorizes Seller to file financing statements describing the collateral along with other notices, and will assist Seller in taking any other necessary action to perfect and protect Seller's security interest.
4. **TRUST:** Applicant agrees that all funds owed to or received by Applicant from any source, resulting from the labor or material supplied by Seller shall be held in trust for the benefit of Seller. Applicant agrees to promptly pay to Seller all such funds. Upon request, Applicant shall irrevocably assign to Seller its account receivable from anyone to the extent that such is resulting from the labor or materials supplied by Seller.
5. **CERTIFICATION:** The Applicant certifies the following: (1) the information provided is true and correct and has been submitted as a material inducement to obtain commercial credit; (2) the undersigned is authorized to execute applications and other documents required to establish commercial credit accounts on behalf of Applicant; (3) Seller is hereby authorized to investigate and verify any information provided and inquire of references or others as to ongoing credit worthiness and Seller agrees that this Agreement and Applicant's extension of credit are subject to continuous credit review and approval; (4) Seller may answer questions from others about its credit experience with the Applicant; and (5) it has read, understood, and agreed to all of the TERMS, and agrees to notify Seller, in writing via certified mail, of any material change in name, ownership, location or corporate status within five (5) days. If Applicant is a partnership or sole proprietorship, then Seller is authorized to obtain and use consumer reports on the Applicant or its principals for the sole purpose of evaluating current or ongoing credit worthiness.

Authorized Representative (Signature)	Printed Name & Title	Witness	Date
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G. PERSONAL GUARANTY

As consideration for the Seller extending credit to the Applicant, the Guarantor(s), jointly and severally hereby personally guarantee the payment of any obligation of the Applicant to the Seller. Therefore, each Guarantor hereby agrees to pay the Seller on demand, without offset, any sum due to the Seller by the Applicant. Guarantor further agrees to pay all costs of collection including reasonable attorney's fees. This Guaranty shall be a continuing and irrevocable guaranty and indemnity for indebtedness of the Applicant. The Guarantor hereby agrees, to the extent permitted by law, to waive the Homestead exemption, notice of acceptance, notice of presentment, demand, non-payment, dishonor and protest, along with the right to require Seller to proceed against the Applicant. Furthermore, Guarantor consents to and waives notice of any modification, amendment or extension of the terms of the Agreement hereby guaranteed. Guarantor hereby authorizes Seller to obtain and use Consumer Reports from time to time on the Guarantor for the sole purpose of evaluating current and ongoing credit worthiness in connection with the extension of business credit. This Personal Guaranty shall not exceed five million dollars (\$5,000,000) and will remain in force for ten (10) years from date of last sale. Guarantor may revoke this Personal Guaranty only by providing Seller's Credit Manager written notice via certified mail of its intent to revoke. Revocation shall not relieve Guarantor of obligations incurred prior to receipt of such notice subject to the limit set forth above. Subsequent agreements and credit applications shall not serve to alter, supersede or otherwise modify this Personal Guaranty.

Guarantor 1(Signature)	Printed Name	Social Security #	Date
Guarantor 2(Signature)	Printed Name	Social Security #	Date

TEXAS ASSOCIATION *of* COUNTIES



Cybersecurity Course Enrollment Form for Counties

Texas Government Code § 2054.5191 requires all county employees, elected officials, and appointed officials who have access to a local government computer system or database to complete an annual cybersecurity training that has been certified by the Texas Department of Information Resources (DIR).

In response to the cybersecurity training mandate and in furtherance of our continued commitment to our county family, TAC is offering a cybersecurity course that has been certified by DIR and fulfills the requirements of the law. This course is available to counties for an annual fee of \$5 per enrolled user. Please note that TAC will not be responsible for monitoring, enforcing, or reporting course completion - this will be performed entirely within your county.

Should your county choose to participate in TAC's cybersecurity training program, **please have your Commissioners Court approve your county's participation and complete the enclosed form and sign via Docusign.** For more information about the underlying legislation and TAC's cybersecurity training course, please visit county.org/cybersecurity.

Your course administrator will receive an email notification when your county is enrolled. Counties are required to report their compliance with the mandate by August 31, 2026. Enrollment is available on a rolling basis through July 31, 2026.

Printed Name

Kevin Benton

County Name

Montague County

Authorized Signature**Date**

February 23, 2026

Course Administrator (Required)

Please indicate the individual who will serve as the primary point of contact with TAC staff for purposes of enrolling participating county officials and employees in the cybersecurity training course. The designated individual will be asked to provide a list of all participating county employees and elected officials' names, email addresses and positions held. The designated individual will also be asked to regularly add or remove users from access to the training program upon separation from county employment.

The course administrator will have access to reports reflecting the course completion status of all participating county employees and elected officials. If your county would like multiple administrators, please include their contact information on the following page.

Jessica Moster
 Name of Administrator: _____
 jthomas@montaguesheriff.com
 Email of Administrator: _____
 940-841-9646
 Phone Number of Administrator: _____
 IT Director
 Position/Office of Administrator: _____

County IT Administrator (Required)

Please indicate the individual responsible for IT administration for your county. Upon request, TAC will coordinate with your IT administrator to facilitate smooth deployment of the cybersecurity training program for your personnel and elected officials.

Jessica Moster
 Name of IT Administrator: _____
 jthomas@montaguesheriff.com
 Email of Registrant: _____
 940-841-9646
 Phone Number of Registrant: _____

Billing Contact (Required)

TAC will send an invoice in the amount of \$5 per enrolled user to the contact below. The number of users will be based on total users between enrollment of this course and September 2025. Users who are enrolled and later deleted will be included in the invoice. The invoice is due upon receipt.

Name of Contact: Jessica Moster

Email of Contact: jthomas@montaguesheriff.com

Phone Number of Contact: 940-841-9646

Position/Office of Contact: IT Director

Mailing Address: PO Box 475, Montague, TX 76251

Preferred Delivery Method (Email/Mail): Email

Additional Course Administrators (Optional)

Please indicate any additional county employees who will have access to regularly add/remove users from training according to employment changes within the county. Administrators will have access to reports reflecting the course completion status of all county employees.

Name of Administrator: _____

Email of Administrator: _____

Phone Number of Administrator: _____

Position/Office of Administrator: _____