

PARTICIPATING ADDENDUM

MULTI-STATE DRUG TESTING KIT(S)

CONTRACTOR

Micro-Distributing

Contract Number: **SP-07-0437R**

1. **Scope**
(Briefly describe the jurisdiction of the governmental entity. If the jurisdiction includes all the governmental entities within an entire state, a statement to that effect will suffice)

2. **Changes:**
(Insert specific changes or a statement that no changes are required)

3. **Primary Contact:**
The primary participating entity contact for this participating addendum is as follows:

Name:
Participating Entity Name:
Address:
Telephone:
Fax:
E-mail:

The primary Contractor contact for this participating addendum is as follows:

Name: David Wilks
Contractor: Micro-Distributing
Address: 620 Kennedy Court, Belton, Texas 76513
Telephone: 254.939.8923
Fax: **254.939.5867**
E-mail: davidw@mirco-distributing.com

4. **Contract Agreement Number:**
All purchase orders issued by procuring agencies within the jurisdiction of the participating addendum shall include the following Contract number: **SP-07-0437R**

The Contract Number MUST be shown on all Purchase Orders issued against this Agreement.

This Addendum and the Contract set forth the entire agreement between the parties with respect to the subject matter of all previous communications, representations or agreements, whether oral or written, with respect to the subject matter hereof. Terms and conditions inconsistent with, contrary or in addition to the terms and conditions of this Addendum and the Contract shall not be added to or incorporated into this Addendum or the Contract by any subsequent purchase order or otherwise and any such attempts to add or incorporate such terms and conditions are hereby rejected. The terms and conditions of this Addendum and the Contract shall prevail and govern in the case of any such inconsistent or additional terms.

Signed by governmental entity or state and contractor

IN WITNESS WHEREOF, the parties have executed this Addendum as of the date of execution by Contractor below.

Signatures as required by State Statutes, Rules or Policies

State of: _____

Contractor: _____

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Title: _____

Title: _____

Date: _____

Date: _____