



State of Florida Contract #44102100-17-1 Order Form

Agreement Number

Your Business Information

CITY OF KEY WEST

Table with 4 columns: Full Legal Name of Lessee / DBA Name of Lessee, Tax ID # (FEIN/TIN), PO Box 1409, Key West, FL, 33041-1409, Billing Address : Street, City, State, ZIP+4, Charley Pons, (305) 809-3919, 0016275667, Billing Contact Name, Billing Contact Phone #, Billing Account #, 627 Palm Ave, Key West, FL, 33040-7066, Installation Address (if different from billing address) : Street, City, State, ZIP+4, Charley Pons, (305) 809-3919, 0012163938, Installation Contact Name, Installation Contact Phone #, Installation Account #, 2017-08-01, PO #, Quote Expiration Date

Your Business Needs

Table with 3 columns: Qty, Item, Business Solution Description. Rows include SENDPROPSERIES, 1FW1, 1FWW, 4W00, APFD, APFM, APKE, APSF, AZBB, AZBE, AZBK, M9SS, MPOX, MSD1, MSGS.

