



SELLER'S DISCLOSURE NOTICE

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Section 5.008, Property Code requires a seller of residential property of not more than one dwelling unit to deliver a Seller's Disclosure Notice to a buyer on or before the effective date of a contract. **This form complies with and contains additional disclosures which exceed the minimum disclosures required by the Code.**

2364 An County Road 404
Palestine, Tx 75803

CONCERNING THE PROPERTY AT _____

THIS NOTICE IS A DISCLOSURE OF SELLER'S KNOWLEDGE OF THE CONDITION OF THE PROPERTY AS OF THE DATE SIGNED BY SELLER AND IS NOT A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THE BUYER MAY WISH TO OBTAIN. IT IS NOT A WARRANTY OF ANY KIND BY SELLER, SELLER'S AGENTS, OR ANY OTHER AGENT.

Seller ___ is ☒ is not occupying the Property. If unoccupied (by Seller), how long since Seller has occupied the Property? _____ (approximate date) or ___ never occupied the Property

Section 1. The Property has the items marked below: (Mark Yes (Y), No (N), or Unknown (U).)

This notice does not establish the items to be conveyed. The contract will determine which items will & will not convey.

Item	Y	N	U
Cable TV Wiring		<input checked="" type="checkbox"/>	
Carbon Monoxide Det.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ceiling Fans	<input checked="" type="checkbox"/>		
Cooktop	<input checked="" type="checkbox"/>		
Dishwasher	<input checked="" type="checkbox"/>		
Disposal	<input checked="" type="checkbox"/>		
Emergency Escape Ladder(s)		<input checked="" type="checkbox"/>	
Exhaust Fans	<input checked="" type="checkbox"/>		
Fences	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fire Detection Equip.	<input checked="" type="checkbox"/>		
French Drain		<input checked="" type="checkbox"/>	
Gas Fixtures		<input checked="" type="checkbox"/>	
Natural Gas Lines		<input checked="" type="checkbox"/>	

Item	Y	N	U
Liquid Propane Gas:		<input checked="" type="checkbox"/>	
-LP Community (Captive)		<input checked="" type="checkbox"/>	
-LP on Property		<input checked="" type="checkbox"/>	
Hot Tub		<input checked="" type="checkbox"/>	
Intercom System	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Microwave	<input checked="" type="checkbox"/>		
Outdoor Grill		<input checked="" type="checkbox"/>	
Patio/Decking	<input checked="" type="checkbox"/>		
Plumbing System	<input checked="" type="checkbox"/>		
Pool		<input checked="" type="checkbox"/>	
Pool Equipment		<input checked="" type="checkbox"/>	
Pool Maint. Accessories		<input checked="" type="checkbox"/>	
Pool Heater		<input checked="" type="checkbox"/>	

Item	Y	N	U
Pump: sump grinder		<input checked="" type="checkbox"/>	
Rain Gutters		<input checked="" type="checkbox"/>	
Range/Stove		<input checked="" type="checkbox"/>	
Roof/Attic Vents	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Sauna		<input checked="" type="checkbox"/>	
Smoke Detector	<input checked="" type="checkbox"/>		
Smoke Detector - Hearing Impaired		<input checked="" type="checkbox"/>	
Spa		<input checked="" type="checkbox"/>	
Trash Compactor		<input checked="" type="checkbox"/>	
TV Antenna		<input checked="" type="checkbox"/>	
Washer/Dryer Hookup	<input checked="" type="checkbox"/>		
Window Screens		<input checked="" type="checkbox"/>	
Public Sewer System		<input checked="" type="checkbox"/>	

Item	Y	N	U	Additional Information
Central A/C	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> electric gas number of units: 2
Evaporative Coolers		<input checked="" type="checkbox"/>		number of units: _____
Wall/Window AC Units		<input checked="" type="checkbox"/>		number of units: _____
Attic Fan(s)		<input checked="" type="checkbox"/>		if yes, describe: _____
Central Heat	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> electric gas number of units: 2
Other Heat		<input checked="" type="checkbox"/>		if yes, describe: _____
Oven	<input checked="" type="checkbox"/>			number of ovens: 1 <input checked="" type="checkbox"/> electric gas other: _____
Fireplace & Chimney	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> wood gas logs mock other: _____
Carport		<input checked="" type="checkbox"/>		attached not attached
Garage	<input checked="" type="checkbox"/>			attached not attached
Garage Door Openers	<input checked="" type="checkbox"/>			number of units: 1 number of remotes: _____
Satellite Dish & Controls		<input checked="" type="checkbox"/>		owned leased from: _____
Security System		<input checked="" type="checkbox"/>		owned leased from: _____
Solar Panels		<input checked="" type="checkbox"/>		owned leased from: _____
Water Heater	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> electric gas other: _____ number of units: 1
Water Softener		<input checked="" type="checkbox"/>		owned leased from: _____
Other Leased Items(s)		<input checked="" type="checkbox"/>		if yes, describe: _____

(TXR-1406) 07-08-22

Initialed by: Buyer: _____, _____ and Seller: DS RO, _____

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2364 An County Road 404
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Concerning the Property at _____

Underground Lawn Sprinkler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	automatic	manual	areas covered:
Septic / On-Site Sewer Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	if yes, attach Information About On-Site Sewer Facility (TXR-1407)		

Water supply provided by: ___ city ___ well ___ MUD ☒ co-op ___ unknown ___ other: _____

Was the Property built before 1978? ___ yes ☒ no ___ unknown

(If yes, complete, sign, and attach TXR-1906 concerning lead-based paint hazards).

Roof Type: composition Age: New (approximate)

Is there an overlay roof covering on the Property (shingles or roof covering placed over existing shingles or roof covering)? ___ yes ☒ no ___ unknown

Are you (Seller) aware of any of the items listed in this Section 1 that are not in working condition, that have defects, or are need of repair? ___ yes ☒ no If yes, describe (attach additional sheets if necessary): _____

Section 2. Are you (Seller) aware of any defects or malfunctions in any of the following? (Mark Yes (Y) if you are aware and No (N) if you are not aware.)

Item	Y	N	Item	Y	N	Item	Y	N
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sidewalks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ceilings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Foundation / Slab(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Walls / Fences	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Doors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Interior Walls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Driveways	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lighting Fixtures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other Structural Components	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Electrical Systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plumbing Systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Exterior Walls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the items in Section 2 is yes, explain (attach additional sheets if necessary): _____

Section 3. Are you (Seller) aware of any of the following conditions? (Mark Yes (Y) if you are aware and No (N) if you are not aware.)

Condition	Y	N	Condition	Y	N
Aluminum Wiring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Radon Gas	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asbestos Components	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Settling	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diseased Trees: <u>oak wilt</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Soil Movement	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Endangered Species/Habitat on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Subsurface Structure or Pits	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fault Lines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Underground Storage Tanks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hazardous or Toxic Waste	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Unplatted Easements	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Improper Drainage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Unrecorded Easements	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Intermittent or Weather Springs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Urea-formaldehyde Insulation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Damage Not Due to a Flood Event	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lead-Based Paint or Lead-Based Pt. Hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wetlands on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Encroachments onto the Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wood Rot	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Improvements encroaching on others' property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Active infestation of termites or other wood destroying insects (WDI)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Located in Historic District	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Previous treatment for termites or WDI	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Historic Property Designation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Previous termite or WDI damage repaired	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Previous Foundation Repairs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Previous Fires	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Previous Roof Repairs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Termite or WDI damage needing repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Previous Other Structural Repairs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Single Blockable Main Drain in Pool/Hot Tub/Spa*	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Previous Use of Premises for Manufacture of Methamphetamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

(TXR-1406) 07-08-22

Initialed by: Buyer: _____, _____ and Seller: DS RO

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Concerning the Property at _____

If the answer to any of the items in Section 3 is yes, explain (attach additional sheets if necessary): _____

*A single blockable main drain may cause a suction entrapment hazard for an individual.

Section 4. Are you (Seller) aware of any item, equipment, or system in or on the Property that is in need of repair, which has not been previously disclosed in this notice? ☐ yes ☒ no If yes, explain (attach additional sheets if necessary): _____

Section 5. Are you (Seller) aware of any of the following conditions?* (Mark Yes (Y) if you are aware and check wholly or partly as applicable. Mark No (N) if you are not aware.)

Y	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Present flood insurance coverage.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Previous flooding due to a failure or breach of a reservoir or a controlled or emergency release of water from a reservoir.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Previous flooding due to a natural flood event.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Previous water penetration into a structure on the Property due to a natural flood.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Located <input type="checkbox"/> wholly <input type="checkbox"/> partly in a 100-year floodplain (Special Flood Hazard Area-Zone A, V, A99, AE, AO, AH, VE, or AR).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Located <input type="checkbox"/> wholly <input type="checkbox"/> partly in a 500-year floodplain (Moderate Flood Hazard Area-Zone X (shaded)).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Located <input type="checkbox"/> wholly <input type="checkbox"/> partly in a floodway.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Located <input type="checkbox"/> wholly <input type="checkbox"/> partly in a flood pool.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Located <input type="checkbox"/> wholly <input type="checkbox"/> partly in a reservoir.

If the answer to any of the above is yes, explain (attach additional sheets as necessary): _____

***If Buyer is concerned about these matters, Buyer may consult Information About Flood Hazards (TXR 1414).**

For purposes of this notice:

"100-year floodplain" means any area of land that: (A) is identified on the flood insurance rate map as a special flood hazard area, which is designated as Zone A, V, A99, AE, AO, AH, VE, or AR on the map; (B) has a one percent annual chance of flooding, which is considered to be a high risk of flooding; and (C) may include a regulatory floodway, flood pool, or reservoir.

"500-year floodplain" means any area of land that: (A) is identified on the flood insurance rate map as a moderate flood hazard area, which is designated on the map as Zone X (shaded); and (B) has a two-tenths of one percent annual chance of flooding, which is considered to be a moderate risk of flooding.

"Flood pool" means the area adjacent to a reservoir that lies above the normal maximum operating level of the reservoir and that is subject to controlled inundation under the management of the United States Army Corps of Engineers.

"Flood insurance rate map" means the most recent flood hazard map published by the Federal Emergency Management Agency under the National Flood Insurance Act of 1968 (42 U.S.C. Section 4001 et seq.).

"Floodway" means an area that is identified on the flood insurance rate map as a regulatory floodway, which includes the channel of a river or other watercourse and the adjacent land areas that must be reserved for the discharge of a base flood, also referred to as a 100-year flood, without cumulatively increasing the water surface elevation more than a designated height.

"Reservoir" means a water impoundment project operated by the United States Army Corps of Engineers that is intended to retain water or delay the runoff of water in a designated surface area of land.

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Initialed by: Buyer: _____, _____ and Seller: DS RO

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Concerning the Property at _____

Section 6. Have you (Seller) ever filed a claim for flood damage to the Property with any insurance provider, including the National Flood Insurance Program (NFIP)? ☐ yes ☒ no If yes, explain (attach additional sheets as necessary): _____

*Homes in high risk flood zones with mortgages from federally regulated or insured lenders are required to have flood insurance. Even when not required, the Federal Emergency Management Agency (FEMA) encourages homeowners in high risk, moderate risk, and low risk flood zones to purchase flood insurance that covers the structure(s) and the personal property within the structure(s).

Section 7. Have you (Seller) ever received assistance from FEMA or the U.S. Small Business Administration (SBA) for flood damage to the Property? ☐ yes ☒ no If yes, explain (attach additional sheets as necessary): _____

Section 8. Are you (Seller) aware of any of the following? (Mark Yes (Y) if you are aware. Mark No (N) if you are not aware.)

Y N

☒ ☒ Room additions, structural modifications, or other alterations or repairs made without necessary permits, with unresolved permits, or not in compliance with building codes in effect at the time.

☐ ☐ Homeowners' associations or maintenance fees or assessments. If yes, complete the following:

Name of association: _____

Manager's name: _____

Phone: _____

Fees or assessments are: \$ _____ per _____ and are: ☐ mandatory ☐ voluntaryAny unpaid fees or assessment for the Property? ☐ yes (\$ _____) ☐ no

If the Property is in more than one association, provide information about the other associations below or attach information to this notice.

☒ ☐ Any common area (facilities such as pools, tennis courts, walkways, or other) co-owned in undivided interest with others. If yes, complete the following:

Any optional user fees for common facilities charged? ☐ yes ☐ no If yes, describe: _____

☒ ☐ Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property.

☒ ☐ Any lawsuits or other legal proceedings directly or indirectly affecting the Property. (Includes, but is not limited to: divorce, foreclosure, heirship, bankruptcy, and taxes.)

☒ ☐ Any death on the Property except for those deaths caused by: natural causes, suicide, or accident unrelated to the condition of the Property.

☒ ☐ Any condition on the Property which materially affects the health or safety of an individual.

☒ ☐ Any repairs or treatments, other than routine maintenance, made to the Property to remediate environmental hazards such as asbestos, radon, lead-based paint, urea-formaldehyde, or mold.

If yes, attach any certificates or other documentation identifying the extent of the remediation (for example, certificate of mold remediation or other remediation).

☒ ☐ Any rainwater harvesting system located on the Property that is larger than 500 gallons and that uses a public water supply as an auxiliary water source.

☒ ☐ The Property is located in a propane gas system service area owned by a propane distribution system retailer.

☒ ☐ Any portion of the Property that is located in a groundwater conservation district or a subsidence district.

If the answer to any of the items in Section 8 is yes, explain (attach additional sheets if necessary): _____

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Initialed by: Buyer: _____, _____ and Seller: DS
RO _____

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Concerning the Property at _____

Section 9. Within the last 4 years, have you (Seller) received any written inspection reports from persons who regularly provide inspections and who are either licensed as inspectors or otherwise permitted by law to perform inspections? ☐ yes ☒ no If yes, attach copies and complete the following:

Inspection Date	Type	Name of Inspector	No. of Pages

Note: A buyer should not rely on the above-cited reports as a reflection of the current condition of the Property. A buyer should obtain inspections from inspectors chosen by the buyer.

Section 10. Check any tax exemption(s) which you (Seller) currently claim for the Property:

☐ Homestead ☐ Senior Citizen ☐ Disabled
☐ Wildlife Management ☐ Agricultural ☒ Disabled Veteran
☐ Other: _____ ☒ Unknown

Section 11. Have you (Seller) ever filed a claim for damage, other than flood damage, to the Property with any insurance provider? ☐ yes ☒ no

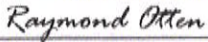
Section 12. Have you (Seller) ever received proceeds for a claim for damage to the Property (for example, an insurance claim or a settlement or award in a legal proceeding) and not used the proceeds to make the repairs for which the claim was made? ☐ yes ☒ no If yes, explain: _____

Section 13. Does the Property have working smoke detectors installed in accordance with the smoke detector requirements of Chapter 766 of the Health and Safety Code? ☒ unknown ☐ no ☐ yes. If no or unknown, explain. (Attach additional sheets if necessary): _____

**Chapter 766 of the Health and Safety Code requires one-family or two-family dwellings to have working smoke detectors installed in accordance with the requirements of the building code in effect in the area in which the dwelling is located, including performance, location, and power source requirements. If you do not know the building code requirements in effect in your area, you may check unknown above or contact your local building official for more information.*

A buyer may require a seller to install smoke detectors for the hearing impaired if: (1) the buyer or a member of the buyer's family who will reside in the dwelling is hearing-impaired; (2) the buyer gives the seller written evidence of the hearing impairment from a licensed physician; and (3) within 10 days after the effective date, the buyer makes a written request for the seller to install smoke detectors for the hearing-impaired and specifies the locations for installation. The parties may agree who will bear the cost of installing the smoke detectors and which brand of smoke detectors to install.

Seller acknowledges that the statements in this notice are true to the best of Seller's belief and that no person, including the broker(s), has instructed or influenced Seller to provide inaccurate information or to omit any material information.

17B0B82EA6D946D

 Signed By: Raymond Otten

9/13/2022

Date Signature of Seller Date

Printed Name: Raymond Otten

Printed Name: DS
 RO

(TXR-1406) 07-08-22

Initialed by: Buyer: _____, _____ and Seller: _____

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Concerning the Property at _____

ADDITIONAL NOTICES TO BUYER:

- (1) The Texas Department of Public Safety maintains a database that the public may search, at no cost, to determine if registered sex offenders are located in certain zip code areas. To search the database, visit www.txdps.state.tx.us. For information concerning past criminal activity in certain areas or neighborhoods, contact the local police department.
- (2) If the Property is located in a coastal area that is seaward of the Gulf Intracoastal Waterway or within 1,000 feet of the mean high tide bordering the Gulf of Mexico, the Property may be subject to the Open Beaches Act or the Dune Protection Act (Chapter 61 or 63, Natural Resources Code, respectively) and a beachfront construction certificate or dune protection permit may be required for repairs or improvements. Contact the local government with ordinance authority over construction adjacent to public beaches for more information.
- (3) If the Property is located in a seacoast territory of this state designated as a catastrophe area by the Commissioner of the Texas Department of Insurance, the Property may be subject to additional requirements to obtain or continue windstorm and hail insurance. A certificate of compliance may be required for repairs or improvements to the Property. For more information, please review *Information Regarding Windstorm and Hail Insurance for Certain Properties* (TXR 2518) and contact the Texas Department of Insurance or the Texas Windstorm Insurance Association.
- (4) This Property may be located near a military installation and may be affected by high noise or air installation compatible use zones or other operations. Information relating to high noise and compatible use zones is available in the most recent Air Installation Compatible Use Zone Study or Joint Land Use Study prepared for a military installation and may be accessed on the Internet website of the military installation and of the county and any municipality in which the military installation is located.
- (5) If you are basing your offers on square footage, measurements, or boundaries, you should have those items independently measured to verify any reported information.
- (6) The following providers currently provide service to the Property:

Electric: _____
Sewer: _____
Water: Norwood Water Supply Corp
Cable: _____
Trash: _____
Natural Gas: _____
Phone Company: _____
Propane: _____
Internet: _____

phone #: _____
phone #: _____
phone #: 877-782-6418
phone #: _____
phone #: _____
phone #: _____
phone #: _____
phone #: _____

- (7) This Seller's Disclosure Notice was completed by Seller as of the date signed. The brokers have relied on this notice as true and correct and have no reason to believe it to be false or inaccurate. YOU ARE ENCOURAGED TO HAVE AN INSPECTOR OF YOUR CHOICE INSPECT THE PROPERTY.

The undersigned Buyer acknowledges receipt of the foregoing notice.

Signature of Buyer _____ Date _____ Signature of Buyer _____ Date _____

Printed Name: _____ Printed Name: _____

(TXR-1406) 07-08-22

Initialed by: Buyer: _____, _____ and Seller: DS
RO _____

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FEL-PALESTINE #68
2400 W. REAGAN STREET
PALESTINE, TX 75801-2226

PH: 903-729-0294

Fax: 903-729-3602

ORDER NO.
CR718418REQUIRED DATE
05/02/22SHIP WHSE
68SELL WHSE
68

EMAIL SALES DRAFT POD

CUSTOMER NO. 477979	CUSTOMER ALPHA STONE	CONTRACT NO.	BID NO.	ORDER DATE 05/02/22	ORDERED BY	INSTRUCTIONS
SOLD TO BOB STONE A/C & HEATING LLC 270 F CR 318 OAKWOOD, TX 75855 903-545-2741		SHIP TO COUNTER PICK UP 2400 W REAGAN STREET PALESTINE, TX 75801-2226		SHIP VIA SHIP WT. 697.294 lbs SHIP DATE PCS BAGS BOXES CRATES LENGTHS BUNDLES		

CUSTOMER P.O. NO. 404	JOB NAME DAVE	ATTN	DELIVERED BY
OML CONTACT Glenn Young	WRITER DGY	SALESMAN 068	ACCEPT B/O N SHOWROOM N
VENDOR	TAG PO NUM	SOURCE = SOE	ROUTE NO. DEPART TIME
VENDOR PO NO.	PACKED BY	CHECKED BY	IB FRT = N 0.00 OB SHIP = N 0.00 ROUTE DESC.

LINE	ORDER QTY	SHIP QTY	BO QTY	ITEM CODE	DESCRIPTION	UNIT PRICE	U/M	TOTAL	P.O. NO.	LINE WT	aisle LOC
1	1	0		PT- OXBOX14EE36K	OXBOX 14 SEER E/E 36K BUNDLE		EA	41.72		697.3 lb	
2	2	2		OJ4AC4036A1000 A	R410A S/S CDR 14 SEER 3T *X		EA	2337.54		185.0 lb	
3	2	2		OJ4AH4P36A1B00 A	3T CONV A/H *X		EA	1346.83		143.0 lb	
4	2	2		P163S	3/8 SWT LIQ LINE DRIER		EA	52.03		1.5 lb	
5	2	2		OJAYHTR1A10BKR A	10 KW HTR *X		EA	177.40		1.0 lb	
6	2	2		DIV6126NM	1/2X6 #10 THHN WHIP NM		EA	36.55		1.9 lb	
7	2	2		PSTSL11NP	PROSELECT NON PROG TH TC TSTAT LS		EA	74.50		0.6 lb	
8	2	2		MAR83315	*TNA 60A NON FUSE DISC SWCH		EA	46.10		2.5 lb	
9	1	0		E599390	20X20 FAN COIL FLTR BSE F/T-2 FLTR		EA	0.00		9.3 lb	
10	2	2		PSCPE32323	32X32X3 PROSELECT EQUIP PAD		EA	101.46		13.1 lb	
11					PT-OXBOX14EE36K			4172.41			

TOTAL WEIGHT OF ORDER: 697.294 lbs

SUBTOTAL	INBOUND FREIGHT	OUTBOUND SHIPPING	TAX	LESS DEPOSIT	TOTAL DUE
4172.41	0.00	0.00	344.23	0.00	4516.64

TERMS:



FEL-PALESTINE #68
2400 W. REAGAN STREET
PALESTINE, TX 75801-2226

PH: 903-729-0294

Fax: 903-729-3602

ORDER NO.
CR718418

REQUIRED DATE
05/02/22

SHIP WHSE
68

SELL WHSE
68

EMAIL SALES DRAFT POD

CUSTOMER NO. 477979	CUSTOMER ALPHA STONE	CONTRACT NO.	BID NO.	ORDER DATE 05/02/22	ORDERED BY	INSTRUCTIONS					
S O L D T O BOB STONE A/C & HEATING LLC 270 F CR 318 OAKWOOD, TX 75855 903-545-2741		S H I P T O COUNTER PICK UP 2400 W REAGAN STREET PALESTINE, TX 75801-2226		SHIP VIA		SHIP WT. 697.294 lbs		SHIP DATE			
				PCS	BAGS	BOXES	CRATES	LENGTHS	BUNDLES		
CUSTOMER P.O. NO. 404		JOB NAME DAVE		ATTN		DELIVERED BY					
OML CONTACT Glenn Young		WRITER DGY		SALESMAN 068		ACCEPT B/O N		ROUTE NO.		RUN NO.	
VENDOR		TAG PO NUM				SHOWROOM N		DEPART TIME			
VENDOR PO NO.		PACKED BY		CHECKED BY		SOURCE = SOE		IB FRT = N 0.00		ROUTE DESC.	
						OB SHIP = N 0.00					

Shipment Information :

PAID \$4516.64 BY MasterCard CC# XXXXXXXXXXXXX6197 ON 05/02/22

SUBTOTAL	INBOUND FREIGHT	OUTBOUND SHIPPING	TAX	LESS DEPOSIT	TOTAL DUE
4172.41	0.00	0.00	344.23	0.00	4516.64

TERMS:



FEL-PALESTINE #68

2400 W. REAGAN STREET

PALESTINE, TX 75801-2226

PH: 903-729-0294

Fax: 903-729-3602

ORDER NO.
CR718418REQUIRED DATE
05/02/22SHIP WHSE
68SELL WHSE
68

EMAIL SALES DRAFT POD

CUSTOMER NO. 477979	CUSTOMER ALPHA STONE	CONTRACT NO.	BID NO.	ORDER DATE 05/02/22	ORDERED BY	INSTRUCTIONS
S O L D T O	BOB STONE A/C & HEATING LLC 270 F CR 318 OAKWOOD, TX 75855 903-545-2741		S H I P T O	COUNTER PICK UP 2400 W REAGAN STREET PALESTINE, TX 75801-2226		
				SHIP VIA	SHIP WT. 697.294 lbs	SHIP DATE
	PCS	BAGS		BOXES	CRATES	LENGTHS

CUSTOMER P.O. NO. 404	JOB NAME DAVE	ATTN	DELIVERED BY
OML CONTACT Glenn Young	WRITER DGY	SALESMAN 068	ACCEPT B/O N SHOWROOM N
VENDOR	TAG PO NUM		SOURCE = SOE
VENDOR PO NO.	PACKED BY	CHECKED BY	IB FRT = N 0.00 OB SHIP = N 0.00
ROUTE NO.		RUN NO.	
DEPART TIME		ROUTE DESC.	

Date	05/02/2022
Card Type	MC
Account #	XXXXXXXXXXXX6197
Authorization #	46789Z
Amount	\$4516.64

I agree to pay the total amount of this purchase. By signing below, I understand and authorize backordered products to be pre-authorized and charged to my credit card account upon shipment. If third party payer fails to pay for any reason, then I agree to pay any unpaid balance. I received the items identified on this document at the time and date stated. I have noted any discrepancies by marking it accordingly.

DAVID EICHHORST

LEAD LAW WARNING: IT IS ILLEGAL TO INSTALL PRODUCTS THAT ARE NOT "LEAD FREE" IN ACCORDANCE WITH US FEDERAL OR OTHER APPLICABLE LAW IN POTABLE WATER SYSTEMS ANTICIPATED FOR HUMAN CONSUMPTION. PRODUCTS WITH *NP IN THE DESCRIPTION ARE NOT LEAD FREE AND CAN ONLY BE INSTALLED IN NON-POTABLE APPLICATIONS. BUYER IS SOLELY RESPONSIBLE FOR PRODUCT SELECTION.

COVID-19 ORDER: ANY REFERENCE TO OR INCORPORATION OF EXECUTIVE ORDER 14042 AND/OR THE EO-IMPLEMENTING FEDERAL CLAUSES (FAR 52.223-99 AND/OR DFARS 252.223-7999) IS EXPRESSLY REJECTED BY SELLER AND SHALL NOT APPLY AS SELLER IS A MATERIALS SUPPLIER AND THEREFORE EXEMPT UNDER THE EXECUTIVE ORDER.

SUBTOTAL	INBOUND FREIGHT	OUTBOUND SHIPPING	TAX	LESS DEPOSIT	TOTAL DUE
4172.41	0.00	0.00	344.23	0.00	4516.64

TERMS:



FEL-PALESTINE #68
2400 W. REAGAN STREET
PALESTINE, TX 75801-2226

PH: 903-729-0294

Fax: 903-729-3602

ORDER NO. CR718418 REQUIRED DATE 05/02/22 SHIP WHSE 68 SELL WHSE 68 EMAIL SALES DRAFT POD

CUSTOMER NO. 477979	CUSTOMER ALPHA STONE	CONTRACT NO.	BID NO.	ORDER DATE 05/02/22	ORDERED BY	INSTRUCTIONS					
S O L D T O	BOB STONE A/C & HEATING LLC 270 F CR 318 OAKWOOD, TX 75855 903-545-2741		S H I P T O	COUNTER PICK UP 2400 W REAGAN STREET PALESTINE, TX 75801-2226		SHIP VIA		SHIP WT. 697.294 lbs		SHIP DATE	
	PCS	BAGS		BOXES	CRATES	LENGTHS	BUNDLES				
	DELIVERED BY										
CUSTOMER P.O. NO. 404		JOB NAME DAVE		ATTN							
OML CONTACT Glenn Young		WRITER DGY		SALESMAN 068		ACCEPT B/O N SHOWROOM N		ROUTE NO.		RUN NO.	
VENDOR		TAG PO NUM		SOURCE = SOE		DEPART TIME					
VENDOR PO NO.		PACKED BY		CHECKED BY		IB FRT = N 0.00 OB SHIP = N 0.00		ROUTE DESC.			

BUYER ACCEPTS SELLER'S TERMS AND CONDITIONS (TERMS) WHICH ARE INCORPORATED BY REFERENCE AND CAN BE FOUND ON THE WEB AT <https://www.ferguson.com/content/website-info/terms-of-sale>. SEE TERMS FOR INFORMATION ON RETURNS. SELLER MAY CONVERT CHECKS TO ELECTRONIC PAYMENTS.

SUBTOTAL	INBOUND FREIGHT	OUTBOUND SHIPPING	TAX	LESS DEPOSIT	TOTAL DUE
4172.41	0.00	0.00	344.23	0.00	4516.64

TERMS: