

### **CITY LOCATION**

SITE LOCATION  
SITE NAME Dickinson Theatre - Blue Springs 8

CITY Boston

64014.

8/6-229-0551

AUTHORIZED TITLE: 11-11-11

[illegible]

10000



MONTHLY SERVICE	EXTRA LIFT	OTHER	RATE / UNIT	PERIOD RATE
186 <sup>00</sup>	55 <sup>00</sup>			
200 <sup>00</sup>	55 <sup>00</sup>			
All Containers Delivery				

the undersigned hereby certifying the agreement on behalf of Customer, notwithstanding that it or who had told the undersigned the terms of the Agreement and that he/she had the authority to sign the Agreement on behalf of Customer.

(AUTHORIZED SIGNATURE)  
W. E. G. R. T. C.

CUSTOMER NAME (PLEASE PRINT)	DATE OF ACQUISITION
TERRELL AND COMPANY	

**TERMS AND CONDITIONS**

**SERVICES.** Customer grants to Company the exclusive right to collect and dispose of all of Customer's non-hazardous solid/waste materials (including recyclables) (collectively, "Waste Materials"), and Company agrees to furnish such services.

**TERM.** THE INITIAL TERM OF THIS AGREEMENT SHALL START ON THE DATE OF THIS AGREEMENT AND CONTINUE FOR 36 MONTHS THEREAFTER. THIS AGREEMENT SHALL AUTOMATICALLY RENEW FOR SUCCESSIVE 36 MONTH TERMS UNLESS EITHER PARTY GIVES WRITTEN NOTICE OF TERMINATION TO THE OTHER PARTY AT LEAST 90 DAYS PRIOR TO THE END OF THE TERM.

36 MONTH TERMS UNLESS EITHER PARTY GIVES WRITTEN NOTICE OF TERMINATION TO THE OTHER AT LEAST 60 DAYS BEFORE THE END OF THE THEN CURRENT TERM. ANY NOTICE OF TERMINATION UNDER THIS AGREEMENT BY CUSTOMER SHALL BE VOID UNLESS SENT VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED, AND ACTUALLY RECEIVED BY COMPANY..

**WASTE MATERIALS.** The Waste Materials shall not contain any hazardous materials, wastes or substances; toxic substances, wastes or pollutants; contaminants, pollutants; infectious wastes; medical wastes; or radioactive wastes (collectively, "Excluded Waste"), each as defined by applicable federal, state or local laws or regulations (collectively,

"Applicable Laws") Customer shall indemnify, defend and hold harmless Company from and against any and all claim damages, suits, penalties, fines, remediation costs, and liabilities (including court costs and reasonable attorneys' fees) ("Losses") resulting from the inclusion of Excluded Waste in the Waste Materials.

CONTINUED ON REVERSE

## INVOICE TO

CUSTOMER NAME Dickinson Theatres - Great Mall Pl.  
ATTN: \_\_\_\_\_

ADDRESS 9201A W. 133rd St.

CITY 10801 W. 167th St.

STATE O.P. KS

ZIP CODE 66212

TEL. NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

## SITE LOCATION

SITE NAME Dickinson Theatres - Great Mall Pl.

ADDRESS 20060 W 151st St.

CITY OLAHE KS.

STATE OLAHE KS.

ZIP CODE 66061

TEL. NO. 913-393-1280

FAX NO. \_\_\_\_\_

AUTHORIZED BY: Megan Hawley

TITLE \_\_\_\_\_

CONTACT \_\_\_\_\_



ALLIED WASTE SERVICES

## Customer Service Agreement

AGREEMENT NUMBER **86176**

ACCOUNT NUMBER

**37227**

00001

## ALLIED SERVICES, LLC DBA ALLIED WASTE SERVICES OF KANSAS CITY

HEREINAFTER REFERRED TO AS THE "COMPANY"

BY: [Signature] TITLE: 7-1-10

(AUTHORIZED SIGNATURE)

## COMMENTS

79% Fuel. 50% Increase -  
79% Fuel. 4 years 2+3.

Rate based on \_\_\_\_\_ lbs/yd.

The undersigned (individual) signing this Agreement on behalf of Customer acknowledges that he or she has read and understands the terms and conditions of this Agreement and that he or she has the authority to sign this Agreement on behalf of Customer.

BY: [Signature] TITLE: Vendor Relations

(AUTHORIZED SIGNATURE)

CUSTOMER NAME (PLEASE PRINT)

DATE OF AGREEMENT

## TERMS AND CONDITIONS

**SERVICES.** Customer grants to Company the exclusive right to collect and dispose of all of Customer's non-hazardous solid waste materials (including recyclables) (collectively, "Waste Materials"), and Company agrees to furnish such services.

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**TITLE.** Company shall acquire title to Waste Materials when they are loaded into Company's truck. Title to and liability for any Excluded Waste shall remain with Customer and shall at no time pass to Company.

CUSTOMER COPY

SLS 014 (468) 09/05

CONTINUED ON REVERSE

## SITE LOCATION

NAME	Dickinson Throustres-Wedstgen
ADDRESS	110321 N. 11. 0 P.

TEL. NO.

CITY STATE ZIP CODE  
S hawnee KS.  
66217.  
TEL. NO. 913-658-0871.  
FAX NO.

TEL. NO. 913-651-0871. FAX NO.

AUTHORIZED BY:	TITLE
CONTACT	TITLE
	Megan Staftley

**Customer Service Agreement**

ACCOUNT NUMBER	37228
AGREEMENT NUMBER	86173

00001



**ALLIED WASTE SERVICES**

NO	CONT. GRP.	TYPE	SIZE	Q	QUANTITY	ACCT. TYPE	CO	GRID	SER. FREQUENCY	EST. LITS	S	P.A. HO.	REG'T. HO.	LF CODE	CFM	LF AMOUNT	OPEN/CLOSE DATE	L.O.B.	PRE	LF CHARGE	MONTHLY SERVICE	EXTRA LIT	OTHER	RATE / UNIT	PERIOD DATE
	1	RO	34	4	10				1/8					3C			1/1/10			120 <sup>00</sup>				280 <sup>00</sup>	
									o/c															700.	
																							No Contain De		

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**ALLIED SERVICES, LLC DBA ALLIED WASTE SERVICES OF KANSAS CITY**

HEREINAFTER REFERRED TO AS THE "COMPANY".

BY: 10 May 1964 TITLE: 1 1 10

The undersigned individual, signing this Agreement on behalf of Customer, acknowledges that he or she has read and understands the terms and conditions of this Agreement and that he or she had the authority to sign the Agreement on behalf of Customer.

BY: SVR Joseph Maltby TITLE: Vendor Relations

(AUTHORIZED SIGNATURE) John H. Darter

CUSTOMER NAME (PLEASE PRINT)

DATE OF AGREEMENT: \_\_\_\_\_

## COMMENTS

## TERMS AND CONDITIONS

Fuel 790 503. Increase.  
702 570. 243.  
703 494. 243.

Rate based on \_\_\_\_\_ lbs/yd.

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**TITLE:** Company shall acquire title to Waste Materials when they are loaded into Company's truck. Title to and liability for any Excluded Waste shall remain with Customer and shall at no time pass to Company.

**CUSTOMER COPY**

SLS 014 (468) 09/05

CONTINUED ON REVERSE



CUSTOMER NAME Dickinson Theatres - Northglenn

SITE LOCATION	
SITE NAME	Dickinson Theatre - Northglenn



# Customer Service Agreement

AGREEMENT  
NUMBER

86172

ACCOUNT NUMBER

44848 00001

ADDRESS 22014 22<sup>nd</sup> St  
CITY 6801 W  
STATE 107th St.  
ZIP CODE O.P.K.S.  
TEL. NO. 6621  
FAX NO. 6621

CITY	KECKMO.
STATE	IL
ZIP CODE	64119.
TEL. NO.	816-498-1100
AUTHORIZED BY:	Morgan Stanley.
CONTACT	TITLE

NO	COUNT GPR	TYPE	SIZE	C	QUANTITY	SCT TYPE	CO	GRID	SERIAL FREQUENCY	SST LEFTS	S	R.O. REQ.	FEET REQ.	LIFT CODE	OPEN	LIFT AMOUNT	OPEN / CLOSE DATE	L.O.B.	BILL	LIFT CHARGE	MONTHLY SERVICE	EXTRA LIFT	OTHER	RATE / UNIT	PENOD RATE
1	KD	SD	Y	1	10				FRI					CR			7/10			120 <sup>00</sup>		No Contamin Delivered		70 <sup>00</sup> 280 <sup>00</sup>	

**ALLIED SERVICES, LLC DBA ALLIED WASTE SERVICES OF KANSAS CITY**

HEREINAFTER REFERRED TO AS THE "COMPANY"

HEREINAFTER REFERRED TO AS THE "COMPANY"

BY: James B. Sandford TITLE: 7-1-10

The undersigned individual signing this Agreement on behalf of Customer acknowledges that he or she has read and understands the terms and conditions of this Agreement and that he or she has the authority to sign the Agreement on behalf of Customer.

BY: W. J. Leggett TITLE: Vendor Relations

(AUTHORIZED SIGNATURE)

COMMENTS

(AUTHORIZED SIGNATURE)

TITLE: 1-1-70

CUSTOMER NAME (PLEASE PRINT)

DATE OF AGREEMENT \_\_\_\_\_

## TERMS AND CONDITIONS

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Rate based on \_\_\_\_\_ lbs/vd.

Fuel 7070  
 Envoio 7070  
 570 Increase  
 years 2+3.

**CUSTOMER COPY**

SLS 014 (468) 09/05

CONTINUED ON REVERSE

## SITE LOCATION

SITE NAME	ADDRESS
Dickinson Theatre - East Glen	1451 NE Dawson St.

100 [unclear] MO.  
CITY STATE

CITY STATE ZIP CODE  
100 Summit Ave.  
64086.

TEL. NO. 816-559-8580 FAX NO.

AUTHORIZED BY: Mr. [Signature] TITLE: Mr. [Signature]

[illegible]

ACCOUNT NUMBER	37226	00001
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**Customer Service Agreement**

AGREEMENT NUMBER
86175

006175

**ALLIED WASTE SERVICES**

HEREINAFTER REFERRED TO AS THE "COMPANY"

The undersigned individual signing this Agreement on behalf of Customer acknowledges that he or she has read and understands the terms and conditions of this Agreement and that he or she has the authority to sign the Agreement on behalf of Customer.

BY: W. Heger, Jr. AUTHORIZED SIGNATURE  
W. Heger, Jr.  
Medan Properties

TITLE: Vendor Relations

Doc# 16

## TERMS AND CONDITIONS

Rate based on \_\_\_\_\_ lbs/yd

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**CUSTOMER COPY**

SLS 014 (468) 09/05

CONTINUED ON REVERS

## INVOICE TO

CUSTOMER NAME **Dickinson Theatre.**

ATTN:

ADDRESS

9201 At W 133rd St.

CITY STATE

D.P. KS

ZIP CODE

66213.

TEL. NO.

FAX NO.

## SITE LOCATION

SITE NAME

Dickinson Theatres.

ADDRESS

6601 W 107th St.

CITY STATE

D.P. KS.

ZIP CODE

66212

TEL. NO.

913.883-6114.

AUTHORIZED BY:

Diana.

CONTACT

TITLE



ALLIED WASTE SERVICES

## Customer Service Agreement

AGREEMENT NUMBER **85143**

ACCOUNT NUMBER

39972.

## ALLIED SERVICES, LLC DBA ALLIED WASTE SERVICES OF KANSAS CITY

HEREINAFTER REFERRED TO AS "THE COMPANY"

BY

(AUTHORIZED SIGNATURE)

TITLE: **Asst - 6-16-10**

## COMMENTS

4 yards with lids + wheels.

Rate based on \_\_\_\_\_ lbs/yd.

The undersigned individual signing this Agreement on behalf of Customer acknowledges that he or she has read and understands the terms and conditions of this Agreement and that he or she has the authority to sign the Agreement on behalf of Customer.

BY: **Diana** (AUTHORIZED SIGNATURE)TITLE: **Assistant Controller**

CUSTOMER NAME (PLEASE PRINT)

DATE OF AGREEMENT

## TERMS AND CONDITIONS

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CUSTOMER COPY

SLS 014 (469) 09/05

CONTINUED ON REVERSE

468995000

02 58 New