

COUNTY COURT OF MADISON COUNTY

STACI B. O'NEAL
County Judge
P. O. Box 1626
Canton, Mississippi 39046



Telephone: 601-855-5626
601-352-2049
Facsimile: 601-855-5706

June 12, 2025

Madison County Board of Supervisors

Re: Stenograph

Dear Members of the Board:

Please approve the attached Purchase Agreement from Stenograph which represents software needed for my Court Reporter.

Sincerely,

A handwritten signature in blue ink that reads "Staci B. O'Neal".

Staci B. O'Neal
County Court Judge

Stenograph.

**If paying by check, please mail to: 25570 Network Place
Chicago, IL 60673-1255 USA
P: (800) 323-4247
F: (630) 532-5700
PurchaseAgreements@stenograph.com**

PURCHASE AGREEMENT

ORDERED BY:

Name: Madison County Ca# 89731

Address: 125 West North Stree

Address: _____

City, State, Zip: **Canton, MS. 39046**

Telephone at Address: _____

E-mail: _____

DELIVER TO

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

Telephone at Address:

WRITER SELECTION

- | | |
|---|--|
| ☐ 45152 NexGen Black and Black | ☐ 45156 NexGen Sky Blue and Black |
| ☐ 45153 NexGen Black and Gray | ☐ 45157 NexGen Sky Blue and Gray |
| ☐ 45154 NexGen White and Black | ☐ 45158 NexGen Silver and Black |
| ☐ 45155 NexGen White and Gray | ☐ 45159 NexGen Silver and Gray |

Cash Back Value for Trade-In _____ The trade-in machine must be received at Stenograph within 30 days of shipment of the new writer using a Return Authorization (RA) number which will be provided to you.

Model _____ S/N _____ 33497 Trade-in Packet

CATalyst Version _____ or S/N _____

Today's Date: 6-11-25 Valid Unit: 6-27-25

Prepared By: Cindy Krol Phone: 815-321-2371

Lease Company: _____ P.O. Number: _____

Notes: LaLisa Lindemann

Net 30

Current Software/Writers:

ITEMS ORDERED

[illegible]

Please note that this is purely an estimate of sales tax to be collected. Some states don't charge tax on S&H, for example; others do. When your order is entered at Stanograph, the tax tables will calculate any tax properly. The total may be different than what is shown here.

Customer Signature _____ Date Signed _____

Cardholder name if different than customer _____

Last 4 Digits of Card Number _____ **Expiration** _____

Cardholder Signature if different than Customer

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25570 Network Place
Chicago, IL 60673-1255