

ORDER FOR SUPPLIES OR SERVICES

1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. HDEC02-12-A-0001	2. DELIVERY ORDER/ CALL NO.	3. DATE OF ORDER/CALL 2011 Oct 17	4. REQ/ PURCH. REQUEST NO.	5. PRIORITY
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6. ISSUED BY DEFENSE COMMISSARY AGENCY RESALE CONTRACTING DIVISION - PSC 1300 E AVENUE FORT LEE VA 23801-1800	CODE HDEC02	7. ADMINISTERED BY SEE ITEM 6	CODE	8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)
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9. CONTRACTOR HARDIE'S FRUIT AND VEGETABLE COMPANY-HOU JASON POUNDS 1005 N COCKRELL HILL RD DALLAS TX 75211-1318	CODE 0A0C7	FACILITY	10. DELIVER TO FOB POINT BY (Date) SEE SCHEDULE	11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED
			12. DISCOUNT TERMS	13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Item 15

14. SHIP TO SEE SCHEDULE	CODE	15. PAYMENT WILL BE MADE BY DFAS-WIDE AREA WORK FLOW COLUMBUS CENTER ATTN: DFAS -BVD COLUMBUS OH	CODE HQ0104	MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.
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16. TYPE OF ORDER	DELIVERY/ CALL	This delivery order/call is issued on another Govt. agency or in accordance with and subject to terms and conditions of above numbered contract.
	PURCHASE	Reference your quote dated Furnish the following on terms specified herein. REF:

ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.

NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYYYMMDD)
<input checked="" type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: 1			

17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/ SERVICES	20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
SEE SCHEDULE					

* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.	24. UNITED STATES OF AMERICA TEL: 804-734-8000 ext 48889 EMAIL: sheila.norfus@deca.mil BY: SHEILA NORFUS	<i>Sheila A Norfus</i> CONTRACTING / ORDERING OFFICER	25. TOTAL
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26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVT. REP. _____	27. SHIP NO.	28. DO VOUCHER NO.	30. INITIALS
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____	<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	32. PAID BY	33. AMOUNT VERIFIED CORRECT FOR
	<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		34. CHECK NUMBER
			35. BILL OF LADING NO.

37. RECEIVED AT	38. RECEIVED BY	39. DATE RECEIVED (YYYYMMDD)	40. TOTAL CONTAINERS	41. S/R ACCOUNT NO	42. S/R VOUCHER NO.
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ORDER FOR SUPPLIES OR SERVICES

1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. HDEC02-12-A-0001		3. DELIVERY ORDER/ CALL NO.		3. DATE OF ORDER/CALL 2011 Oct-17		4. REQ./PURCH. REQUEST NO.		5. PRIORITY		
6. ISSUED BY DEFENSE COMMISSARY AGENCY RESALE CONTRACTING DIVISION - PSC 1300 E AVENUE FORT LEE VA 23801-1860 CODE: HDEC02				7. ADMINISTERED BY SEE ITEM 6 CODE:				8. DELIVERY FOR <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)		
9. CONTRACTOR HARDIE'S FRUIT AND VEGETABLE COMPANY-HDU JASON POUNDS 1005 N COCKRELL HILL RD DALLAS TX 75211-1318 CODE: QA0C7				FACILITY		10. DELIVER TO FOB POINT BY (Date) SEE SCHEDULE		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		
14. SHIP TO SEE SCHEDULE CODE:				15. PAYMENT WILL BE MADE BY DFAS-WIDE AREA WORK FLOW COLUMBUS CENTER ATTN: DFAS -BVD COLUMBUS OH CODE: HQ0104				13. MAIL INVOICES TO THE ADDRESS IN BLOCK See item 15		
16. TYPE OF ORDER		DELIVERY/ CALL		This delivery order/call is issued on another Govt. agency or in accordance with and subject to terms and conditions of above numbered contract.						
PURCHASE				Reference your quote dated Furnish the following on terms specified herein, REF:						
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.										
Hardie's Fruit & Vegetable Co, LP			[Signature]			Jason Pounds President G/A			10-17-11	
NAME OF CONTRACTOR			SIGNATURE			TYPED NAME AND TITLE			DATE SIGNED (YYYYMMDD)	
<input checked="" type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: 1										
17. ACCOUNTING AND APPROPRIATION DATA / LOCAL USE										
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/ SERVICES				20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT		
SEE SCHEDULE										
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and enclose.				24. UNITED STATES OF AMERICA TEL: 804-734-8000 ext 48889 MAIL: S.M.A. norris@deca.mil BY: [Signature]				25. TOTAL		
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED				27. SHIP NO.		28. DO VOUCHER NO.		29. DIFFERENCES		
DATE _____ SIGNATURE OF AUTHORIZED GOVT. REP. _____				31. PAYMENT <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		30. INITIALS		
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR		
37. RECEIVED AT		38. RECEIVED BY		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NO.		42. S/R VOUCHER NO.

9. CCR AND ORCA REQUIREMENTS: The contractor is responsible for keeping registration active in the Central Contractors Registration (CCR) database and Online Representations and Certifications Application (ORCA) database throughout the duration of this BPA. These databases may be accessed via the Internet at <http://www.ccr.gov> and <http://orca.bpn.gov>.

ITEM NO 0001/FIREWOOD

ITEM NO AMOUNT	SUPPLIES/SERVICES	MAX EST QNTY	UNIT	UNIT PRICE	MAX
0001	FIREWOOD (SEASONED/KILN-DRIED HARDWOOD) FFP	20,000	Bundle	\$3.99	\$79,800.00 EST

THIS AGREEMENT FOR SEASONED OR KILN-DRIED HARDWOOD IS FIRM FIXED PRICE FOR THE LIFE OF THE CONTRACT.

PRODUCT MUST BE A HARDWOOD; NO SOFTWOODS;
REFERENCE PRODUCT NUMBER 70556

PRODUCT DESCRIPTION:
SEASONED HARDWOOD, CUT 14 INCHES IN LENGTH, 15 INCHES IN DIAMETER
PALLET ARE TO CONTAIN 80 BUNDLES.
BUNDLES WILL AVERAGE 5 TO 6 PIECES OF WOOD.

PACKAGING:
PRODUCT MUST BE CONSUMER PACKAGED/BUNDLED. EACH BUNDLE MUST BE SHRINK-WRAPPED FOR PORTABILITY AND PALLETIZED FOR DELIVERY. PALLET MUST BE SHRINK-WRAPPED AND DELIVERED DIRECTLY TO THE COMMISSARIES.

SEE ATTACHMENT A FOR COMMISSARY DELIVERY SCHEDULE.

NOTE ON DD FORM 1155 BLOCK 8 SHOULD BE:

FOB: Destination

ITEM NO 0002/DEER CORN

ITEM NO	SUPPLIES/SERVICES	MAX EST QNTY	UNIT	UNIT PRICE	MAX AMOUNT
0002	DEER CORN FFP	1,200	SACKS	\$9.50	\$11,400.00 EST

THIS AGREEMENT FOR SEASONED OR BAGGED DEER CORN IS FIRM FIXED PRICE FOR 90 DAYS. AFTER THIS PERIOD, THE CONTRACTOR NEEDS TO REQUEST IN WRITING FOR RE-EVALUATION OF PRICING.

PRODUCT MUST BE SEASONED DEER CORN
REFERENCE PRODUCT NUMBER 70331

PRODUCT DESCRIPTION:
SEASONED DEER CORN, SOLD BY THE PALLET, SHRINK WRAPPED
2,000 LBS PER PALLET, 40 PAPER SACKS
50 POUND PAPER SACKS

PACKAGING:
PRODUCT MUST BE CONSUMER PACKAGED/WRAPPED. EACH PALLET WILL BE SHRINK-WRAPPED FOR PORTABILITY AND PALLETIZED FOR DELIVERY. CARDBOARD BETWEEN PALLET AND 1st LAYER OF PAPER SACKS. PALLETS MUST BE SHRINK-WRAPPED AND DELIVERED DIRECTLY TO THE COMMISSARIES.

SEE ATTACHMENT B FOR COMMISSARY DELIVERY SCHEDULE.
(TEXAS STORES ONLY)

NOTE ON DD FORM 1155 BLOCK 8 SHOULD BE:

FOB: Destination