



Shred-it Order Form
Effective Date 09/18/2025
Between Stericycle, Inc. (Shred-it) and MAGNUM REGIONAL MEDICAL CENTER

Sold To:

Company Name: MAGNUM REGIONAL MEDICAL CENTER
Address: 1 WICKERSHAM ST
Floor/Suite:
City / State / Zip: MANGUM, Oklahoma, 73554-9117
Phone: (580) 782-3353
Email: kmartinez@chmcok.com
Contact: Kelley Martinez
Title:

Bill To:

Company Name: Magnum Regional Medical Center
Address:
Floor/Suite:
City / State / Zip: , ,
Phone: (580) 782-3353
Email: kmartinez@chmcok.com
Contact: Kelley Martinez
Title:

Services

Ship To Name: MAGNUM REGIONAL MEDICAL CENTER Ship To Address: 1 WICKERSHAM ST, MANGUM, Oklahoma, United States, 73554-9117			
Service Name	Pick Up Frequency	Planned Units For Pick Up	Contracted Price
REGULAR SERVICE OFF-SITE (PAPER)	Every 4 Weeks	1 Each	\$ 90.00 Minimum Per Pickup
CONSOLE (STANDARD)	Every 4 Weeks	17 Each	\$ 14.00 Per Container - Minimum Includes 2 Each

This offer will expire: 10/18/2025

GPO: NONE

Initial Term: 24 Months; **Renewal Term Length:** 24 Months

Annual Price Increase: API - 7%; **Months Until First Price Increase:** 12

Payment Terms: Net 30

Billing Schedule: Monthly

Additional Taxes and Surcharges May Apply

Surcharges: Fuel: None; **Environmental:** None; **Recycling Recovery:** None;

Fuel/Environmental Cap: None; **Recycling Recovery Surcharge Cap:** None

This Order Form is subject to the Shred-it Terms and Conditions, which are located at <https://www.shredit.com/en-us/service-terms-and-conditions>, and which are incorporated by reference hereto. Shred-it may update the Shred-it Terms and Conditions and/or URL from time to time.

Stericycle, Inc.:

Name: Bryce Johnson
Title:
Date:
Signature:

Customer:

Name: Kelley Martinez
Title: Hospital Administrator
Date:
Signature:

By signing above, I acknowledge that I am the Customer's authorized officer or agent and that I have the authority to bind Customer to this Agreement. Customer agrees to be bound by the terms and conditions of this Agreement. I acknowledge that Customer is a company, and not an individual person. To the extent this transaction is subject to any applicable business-to-consumer laws or regulations, I expressly waive and relinquish any and all rights and claims against Stericycle, Inc. thereunder.