

Fill in this information to identify the case:

Debtor 1 Carestream Health Inc.

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: District of Delaware

Case number 22-10778

Official Form 410

Proof of Claim

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. **Who is the current creditor?** Business Data Records Services, Inc.
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor Access

2. **Has this claim been acquired from someone else?** No
 Yes. From whom? _____

<p>3. Where should notices and payments to the creditor be sent?</p> <p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p>	<p>Where should notices to the creditor be sent?</p> <p><u>Access Information Management</u></p> <p>Name _____</p> <p><u>500 Unicorn Park Drive Ste 503</u></p> <p>Number Street _____</p> <p><u>Woburn MA 01801</u></p> <p>City State ZIP Code _____</p> <p>Contact phone <u>978-882-2010</u></p> <p>Contact email <u>margaret.applin@accesscorp.com</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>Name _____</p> <p>Number Street _____</p> <p>City State ZIP Code _____</p> <p>Contact phone _____</p> <p>Contact email _____</p>
--	--	---

RECEIVED
SEP 21 2022

Uniform claim identifier for electronic payments in chapter 13 (if you use one):
KURTZMAN CARSON CONSULTANTS

4. **Does this claim amend one already filed?** No
 Yes. Claim number on court claims registry (if known) _____ Filed on _____
MM / DD / YYYY

5. **Do you know if anyone else has filed a proof of claim for this claim?** No
 Yes. Who made the earlier filing? _____



221077822092100000000001

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 5 4 0 H

7. How much is the claim? \$ 2,623.90 Does this amount include interest or other charges? No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.
document storage management services

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

RECEIVED
SEP 21 2022

KURTZMAN CARSON CONSULTANTS

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %

- Fixed
 Variable

10. Is this claim based on a lease? No Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

Yes. Check one:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ _____

Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

Wages, salaries, or commissions (up to \$15,150* earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

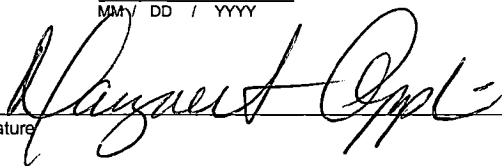
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 09/15/2022
MM / DD / YYYY



Signature

Print the name of the person who is completing and signing this claim:

Name Margaret Applin
First name Middle name Last name

Title Senior Paralegal

Company Access Information Management
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 500 Unicorn Park Drive Ste 503
Number Street

Woburn MA 01801
City State ZIP Code

Contact phone 978-882-2010 Email margaret.applin@accesscorp.com

RECEIVED
SEP 21 2022

KURTZMAN CARSON CONSULTANTS

Carestream Health Inc.

22-10778

August 23 ,2022

Account	Invoice	Date	Service Period	Amount	Pre-Petition	Post-Petition
MBV3540H	9559705	7/31/2022	8/1/2022 - 8/31/2022	\$743.10	\$527.34	\$215.76
MBV3540H	9511120	6/30/2022	7/1/2022 - 7/31/2022	\$743.10	\$743.10	
MBV3540H	9440652	5/31/2022	6/1/2022 - 6/30/2022	\$719.06	\$719.06	
MBV3538V	9560137	7/31/2022	7/1/2022 - 7/31/2022	\$161.20	\$161.20	
MBV3538V	9511552	6/30/2022	6/1/2022 - 6/30/2022	\$156.00	\$156.00	
MBV3538V	9441086	5/31/2022	5/1/2022 - 5/31/2022	\$161.20	\$161.20	
MBV3538V	9381445	4/30/2022	4/1/2022 - 4/30/2022	\$156.00	\$156.00	
				\$2,839.66	\$2,623.90	\$215.76



P.O. Box 850416
 Minneapolis, MN 55485-0416 United States

Invoice

1.888.869.2767 **AccessCorp.com**

Service Billing Period: 7/31/2022

CARESTREAM HEALTH INC
 Attn: ACCOUNTS PAYABLE
 PO BOX 14460
 ROCHESTER, NY 14614-0460

Date: 7/31/2022
Invoice #: 9560137
Customer #: MBV3538V
PO #: 8100272853

146MBV3538V

Total Amount Due
By 8/30/2022:

Total Enclosed:

<p>Check Remit To: P.O. Box 850416 Minneapolis, MN 55485-0416</p> <p><i>When making payment, please reference invoice number.</i></p>	<p>EFT Remit To: For EFT or credit card payments, please contact clientsupport@accesscorp.com</p> <p>For paperless invoicing options or general billing questions, visit www.accesscorp.com/us-billing</p>
--	--

NOTE: MAIN

QTY	ITEMS	SERVICE DESCRIPTION	QUANTITY	RATE	TAX	FEE
Storage						
Storage Period: 07/01/2022 - 07/31/2022						
3		Container Storage - Pallet 2	3.00	53.7333	N	161.20
		PRE-TAX SUBTOTAL Storage	3.00			161.20
					Pre-Tax Invoice	161.20
					INVOICE TOTAL	\$161.20

PLEASE NOTE: To the extent you do not have a currently effective written agreement for services with an Access Company, by paying this invoice, you agree to the terms and conditions found on <https://www.accesscorp.com/access-service-terms-and-conditions>. If you have a currently effective written agreement for services with an Access Company, the terms and conditions of your written agreement will continue to apply as provided in such agreement. The Invoice Total set forth above indicates the actual amount due, and any additional detail provided at the Department or Work Order level is included for customer's reference and informational purposes only. The informational detail may include subtotals for customer reference that have been simplified to two decimal places for display purposes, which if combined may not exactly match the Invoice Total.



Departmental Detail

CARESTREAM HEALTH INC
 PO BOX 14460
 ROCHESTER, NY 14614-0460

Date: 7/31/2022
 Invoice #: 9560137
 Customer #: MBV3538V
 PO #: 8100272853

NOTE: MAIN

QTY	ITEMS	SERVICE DESCRIPTION	QUANTITY	RATE	TAX	FEE
Customer #: MBV3538V / Department: 639 - 639						
Storage						
Storage Period: 07/01/2022 - 07/31/2022						
	3	Container Storage - Pallet 2	3.00	53.7333	N	161.20
		PRE-TAX SUBTOTAL Storage	3.00			161.20
		PRE-TAX SUBTOTAL - 639				161.20

This page is not an invoice and has been provided for reference and informational purposes only. Informational detail on this page may include subtotals simplified to two decimal places for display purposes. For this reason, the subtotals on this and any other reference page(s) when combined may not exactly match the Invoice Total. Please refer to the Invoice Total displayed on the Invoice for the actual amount due.



P.O. Box 850416
 Minneapolis, MN 55485-0416 United States

Invoice

1.888.869.2767 **AccessCorp.com**

Service Billing Period 6/30/2022

CARESTREAM HEALTH INC
 Attn: ACCOUNTS PAYABLE
 PO BOX 14460
 ROCHESTER, NY 14614-0460

Date: 6/30/2022
Invoice #: 9511552
Customer #: MBV3538V
PO #: 8100272853

146MBV3538V

Total Amount Due \$156.00

By 7/30/2022:

Total Enclosed:

Check Remit To:
 P.O. Box 850416
 Minneapolis, MN 55485-0416

EFT Remit To:
 For EFT or credit card payments, please contact
 clientsupport@accesscorp.com
 For paperless invoicing options or general billing questions, visit
 www.accesscorp.com/us-billing

When making payment, please reference invoice number.

NOTE: MAIN

QTY	ITEMS	SERVICE DESCRIPTION	QUANTITY	RATE	TAX	FEE
Storage						
Storage Period: 06/01/2022 - 06/30/2022						
3		Container Storage - Pallet 2	3.00	52.0000	N	156.00
		PRE-TAX SUBTOTAL Storage	3.00			156.00
				Pre-Tax Invoice		156.00
				INVOICE TOTAL		\$156.00

PLEASE NOTE: To the extent you do not have a currently effective written agreement for services with an Access Company, by paying this invoice, you agree to the terms and conditions found on <https://www.accesscorp.com/access-service-terms-and-conditions>. If you have a currently effective written agreement for services with an Access Company, the terms and conditions of your written agreement will continue to apply as provided in such agreement. The Invoice Total set forth above indicates the actual amount due, and any additional detail provided at the Department or Work Order level is included for customer's reference and informational purposes only. The informational detail may include subtotals for customer reference that have been simplified to two decimal places for display purposes, which if combined may not exactly match the Invoice Total.



Departmental Detail

CARESTREAM HEALTH INC
PO BOX 14460
ROCHESTER, NY 14614-0460

Date: 6/30/2022
Invoice #: 9511552
Customer #: MBV3538V
PO #:8100272853

NOTE: MAIN

QTY	ITEMS	SERVICE DESCRIPTION	QUANTITY	RATE	TAX	FEE
Customer #: MBV3538V / Department: 639 - 639						
Storage						
Storage Period: 06/01/2022 - 06/30/2022						
	3	Container Storage - Pallet 2	3.00	52.0000	N	156.00
		PRE-TAX SUBTOTAL Storage	3.00			156.00
		PRE-TAX SUBTOTAL - 639				156.00

This page is not an invoice and has been provided for reference and informational purposes only. Informational detail on this page may include subtotals simplified to two decimal places for display purposes. For this reason, the subtotals on this and any other reference page(s) when combined may not exactly match the Invoice Total. Please refer to the Invoice Total displayed on the Invoice for the actual amount due.



P.O. Box 850416
 Minneapolis, MN 55485-0416 United States

Invoice

1.888.869.2767 **AccessCorp.com**

Service Billing Period 5/31/2022

CARESTREAM HEALTH INC
 Attn: ACCOUNTS PAYABLE
 PO BOX 14460
 ROCHESTER, NY 14614-0460

Date: 5/31/2022
 Invoice #: 9441086
 Customer #: MBV3538V
 PO #: 8100262817

146MBV3538V

Total Amount Due **\$161.20**
 By 6/30/2022:

Total Enclosed:

<p>Check Remit To: P.O. Box 850416 Minneapolis, MN 55485-0416</p> <p><i>When making payment, please reference invoice number.</i></p>	<p>EFT Remit To: For EFT or credit card payments, please contact clientsupport@accesscorp.com</p> <p>For paperless invoicing options or general billing questions, visit www.accesscorp.com/us-billing</p>
--	--

NOTE: MAIN

QTY	ITEMS	SERVICE DESCRIPTION	QUANTITY	RATE	TAX	FEE
Storage						
Storage Period: 05/01/2022 - 05/31/2022						
3		Container Storage - Pallet 2	3.00	53.7333	N	161.20
		PRE-TAX SUBTOTAL Storage	3.00			161.20
				Pre-Tax Invoice		161.20
				INVOICE TOTAL		\$161.20

PLEASE NOTE: To the extent you do not have a currently effective written agreement for services with an Access Company, by paying this invoice, you agree to the terms and conditions found on <https://www.accesscorp.com/access-service-terms-and-conditions>. If you have a currently effective written agreement for services with an Access Company, the terms and conditions of your written agreement will continue to apply as provided in such agreement. The Invoice Total set forth above indicates the actual amount due, and any additional detail provided at the Department or Work Order level is included for customer's reference and informational purposes only. The informational detail may include subtotals for customer reference that have been simplified to two decimal places for display purposes, which if combined may not exactly match the Invoice Total.



Departmental Detail

CARESTREAM HEALTH INC
 PO BOX 14460
 ROCHESTER, NY 14614-0460

Date: 5/31/2022
Invoice #: 9441086
Customer #: MBV3538V
PO #:8100272853

NOTE: MAIN

QTY ITEMS	SERVICE DESCRIPTION	QUANTITY	RATE	TAX	FEE
Customer #: MBV3538V / Department: 639 - 639					
Storage					
Storage Period: 05/01/2022 - 05/31/2022					
	3 Container Storage - Pallet 2	3.00	53.7333	N	161.20
	PRE-TAX SUBTOTAL Storage	3.00			161.20
			PRE-TAX SUBTOTAL - 639		161.20

This page is not an invoice and has been provided for reference and informational purposes only. Informational detail on this page may include subtotals simplified to two decimal places for display purposes. For this reason, the subtotals on this and any other reference page(s) when combined may not exactly match the Invoice Total. Please refer to the Invoice Total displayed on the Invoice for the actual amount due.

AccessP.O. Box 850416
Minneapolis, MN 55485-0416 United States**Invoice****1.888.869.2767** **AccessCorp.com****Service Billing Period 4/30/2022****CARESTREAM HEALTH INC**
Attn: ACCOUNTS PAYABLE
PO BOX 14460
ROCHESTER, NY 14614-0460**Date: 4/30/2022**
Invoice #: 9381445
Customer #: MBV3538V
PO #: 8100262817

146MBV3538V

Total Amount Due
By 5/30/2022:**Total Enclosed:** **Check Remit To:**
P.O. Box 850416
Minneapolis, MN 55485-0416**EFT Remit To:**
For EFT or credit card payments, please contact
clientsupport@accesscorp.com

For paperless invoicing options or general billing questions, visit
www.accesscorp.com/us-billing*When making payment, please reference invoice number.***NOTE: MAIN**

QTY	ITEMS	SERVICE DESCRIPTION	QUANTITY	RATE	TAX	FEE
Storage						
Storage Period: 04/01/2022 - 04/30/2022						
3		Container Storage - Pallet 2	3.00	52.0000	N	156.00
		PRE-TAX SUBTOTAL Storage	3.00			156.00
				Pre-Tax Invoice		156.00
				INVOICE TOTAL		\$156.00

PLEASE NOTE: To the extent you do not have a currently effective written agreement for services with an Access Company, by paying this invoice, you agree to the terms and conditions found on <https://www.accesscorp.com/access-service-terms-and-conditions>. If you have a currently effective written agreement for services with an Access Company, the terms and conditions of your written agreement will continue to apply as provided in such agreement. The Invoice Total set forth above indicates the actual amount due, and any additional detail provided at the Department or Work Order-level is included for customer's reference and informational purposes only. The informational detail may include subtotals for customer reference that have been simplified to two decimal places for display purposes, which if combined may not exactly match the Invoice Total.



Departmental Detail

CARESTREAM HEALTH INC
 PO BOX 14460
 ROCHESTER, NY 14614-0460

Date: 4/30/2022
 Invoice #: 9381445
 Customer #: MBV3538V
 PO #:8100272853

NOTE: MAIN

QTY	ITEMS	SERVICE DESCRIPTION	QUANTITY	RATE	TAX	FEE
Customer #: MBV3538V / Department: 639 - 639						
Storage						
Storage Period: 04/01/2022 - 04/30/2022						
	3	Container Storage - Pallet 2	3.00	52.0000	N	156.00
		PRE-TAX SUBTOTAL Storage	3.00			156.00
				PRE-TAX SUBTOTAL - 639		156.00

This page is not an invoice and has been provided for reference and informational purposes only. Informational detail on this page may include subtotals simplified to two decimal places for display purposes. For this reason, the subtotals on this and any other reference page(s) when combined may not exactly match the Invoice Total. Please refer to the Invoice Total displayed on the Invoice for the actual amount due.



P.O. Box 850416
 Minneapolis, MN 55485-0416 United States

Invoice

1.888.869.2767 AccessCorp.com

Service Billing Period 7/31/2022

CARESTREAM HEALTH INC
 Attn: ACCOUNTS PAYABLE
 PO BOX 14460
 ROCHESTER, NY 14614-0460

Date: 7/31/2022
 Invoice #: 9559705
 Customer #: MBV3540H
 PO #: 8100272853

146MBV3540H

Total Amount Due **\$743.10**
 By 8/30/2022:

Total Enclosed:

Check Remit To:
 P.O. Box 850416
 Minneapolis, MN 55485-0416

EFT Remit To:
 For EFT or credit card payments, please contact
 clientsupport@accesscorp.com
 For paperless invoicing options or general billing questions, visit
 www.accesscorp.com/us-billing

When making payment, please reference invoice number.

NOTE: MAIN

QTY	ITEMS	SERVICE DESCRIPTION	QUANTITY	RATE	TAX	FEE
Storage						
Storage Period: 08/01/2022 - 08/31/2022						
1,688		Container storage - Per Cubic Foot	2,134.70	0.2997	N	639.77
2		Container Storage - Pallet	2.00	36.1667	N	72.33
1		Record Center Storage - Odd Size Box	1.00	31.0000	N	31.00
PRE-TAX SUBTOTAL Storage			2,137.70			743.10
Pre-Tax Invoice						743.10
INVOICE TOTAL						\$743.10

PLEASE NOTE: To the extent you do not have a currently effective written agreement for services with an Access Company, by paying this invoice, you agree to the terms and conditions found on <https://www.accesscorp.com/access-service-terms-and-conditions>. If you have a currently effective written agreement for services with an Access Company, the terms and conditions of your written agreement will continue to apply as provided in such agreement. The Invoice Total set forth above indicates the actual amount due, and any additional detail provided at the Department or Work Order level is included for customer's reference and informational purposes only. The informational detail may include subtotals for customer reference that have been simplified to two decimal places for display purposes, which if combined may not exactly match the Invoice Total.



P.O. Box 850416
 Minneapolis, MN 55485-0416 United States

Invoice

1.888.869.2767 **AccessCorp.com**

Service Billing Period 6/30/2022

CARESTREAM HEALTH INC
 Attn: ACCOUNTS PAYABLE
 PO BOX 14460
 ROCHESTER, NY 14614-0460

Date: 6/30/2022
 Invoice #: 9511120
 Customer #: MBV3540H
 PO #: 8100272853

146MBV3540H

Total Amount Due **\$743.10**

By 7/30/2022:

Total Enclosed:

Check Remit To:
 P.O. Box 850416
 Minneapolis, MN 55485-0416

EFT Remit To:
 For EFT or credit card payments, please contact
 clientsupport@accesscorp.com
 For paperless invoicing options or general billing questions, visit
 www.accesscorp.com/us-billing

When making payment, please reference invoice number.

NOTE: MAIN

QTY	ITEMS	SERVICE DESCRIPTION	QUANTITY	RATE	TAX	FEE
Storage						
Storage Period: 07/01/2022 - 07/31/2022						
1,688		Container storage - Per Cubic Foot	2,134.70	0.2997	N	639.77
2		Container Storage - Pallet	2.00	36.1667	N	72.33
1		Record Center Storage - Odd Size Box	1.00	31.0000	N	31.00
PRE-TAX SUBTOTAL Storage			2,137.70			743.10
Pre-Tax Invoice						743.10
INVOICE TOTAL						\$743.10

PLEASE NOTE: To the extent you do not have a currently effective written agreement for services with an Access Company, by paying this invoice, you agree to the terms and conditions found on <https://www.accesscorp.com/access-service-terms-and-conditions>. If you have a currently effective written agreement for services with an Access Company, the terms and conditions of your written agreement will continue to apply as provided in such agreement. The Invoice Total set forth above indicates the actual amount due, and any additional detail provided at the Department or Work Order level is included for customer's reference and informational purposes only. The informational detail may include subtotals for customer reference that have been simplified to two decimal places for display purposes, which if combined may not exactly match the Invoice Total.



P.O. Box 850416
 Minneapolis, MN 55485-0416 United States

Invoice

1.888.869.2767 AccessCorp.com

Service Billing Period 5/31/2022

CARESTREAM HEALTH INC
 Attn: ACCOUNTS PAYABLE
 PO BOX 14460
 ROCHESTER, NY 14614-0460

Date: 5/31/2022
 Invoice #: 9440652
 Customer #: MBV3540H
 PO #: 8100272853

146MBV3540H

Total Amount Due **\$719.06**

By 6/30/2022:

Total Enclosed:

Check Remit To:
 P.O. Box 850416
 Minneapolis, MN 55485-0416

EFT Remit To:
 For EFT or credit card payments, please contact
 clientsupport@accesscorp.com
 For paperless invoicing options or general billing questions, visit
 www.accesscorp.com/us-billing

When making payment, please reference invoice number.

NOTE: MAIN

QTY	ITEMS	SERVICE DESCRIPTION	QUANTITY	RATE	TAX	FEE
Storage						
Storage Period: 06/01/2022 - 06/30/2022						
1,688		Container storage - Per Cubic Foot	2,134.70	0.2900	N	619.06
2		Container Storage - Pallet	2.00	35.0000	N	70.00
1		Record Center Storage - Odd Size Box	1.00	30.0000	N	30.00
PRE-TAX SUBTOTAL Storage			2,137.70			719.06
				Pre-Tax Invoice		719.06
				INVOICE TOTAL		\$719.06

PLEASE NOTE: To the extent you do not have a currently effective written agreement for services with an Access Company, by paying this invoice, you agree to the terms and conditions found on <https://www.accesscorp.com/access-service-terms-and-conditions>. If you have a currently effective written agreement for services with an Access Company, the terms and conditions of your written agreement will continue to apply as provided in such agreement. The Invoice Total set forth above indicates the actual amount due, and any additional detail provided at the Department or Work Order level is included for customer's reference and informational purposes only. The informational detail may include subtotals for customer reference that have been simplified to two decimal places for display purposes, which if combined may not exactly match the Invoice Total.