

Section (A) Office Information

Office Number: 642	Office Name: Neopost NorthEast District	Office Phone #: 860 276 276	Date Submitted:
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Section (B) Billing Information

Company Name (Full legal name): Town of Canton		
DBA:		
Billing Address: 4 Market Street		
Billing City: Collinsville	State: CT	ZIP Code + 4: 6019
Billing Contact Name: Claudia Nardi	Contact Phone Number: 860 693 7841	
Billing Contact Title:	Contact Fax Number:	
Billing Contact email Address: cnardi@townofcantonct.org	Purchase Order Number:	

Section (C) Installation Information (if different than Billing Information)

Company Name (Full legal name): SAME		
Installation Address (No PO Boxes or General Delivery):		
Installation City:	State:	ZIP Code + 4:
Installation Contact Name:	Phone Number:	
Installation Contact Title:	Fax Number:	
Installation Contact email Address:		
Main Post Office Name / Mail Drop off:	Post office 5-Digit ZIP Code:	

Section (D) Products

Quantity	Model / Part Number	Description (Include Serial Number, if applicable) <input type="checkbox"/> See additional listed products on attached continuation schedule.
1	IS440RMP2	PROMO CODE #13-Q4- RMS21L
2		
3		
4		

Section (E) Lease Payment Information & Lease Payment Schedule

Tax Status: <input type="checkbox"/> Taxable <input checked="" type="checkbox"/> Tax-Exempt (Certificate attached)	Period	# of Months	Monthly Payment (plus applicable taxes)
	First	63	\$137.77
	Next		
	Next		
	Next		
Billing Frequency: <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Annually	Current Lease Number: N11121955 <input type="checkbox"/> ACH (Customer to submit authorization form)		
Billing Method: <input checked="" type="checkbox"/> Standard			

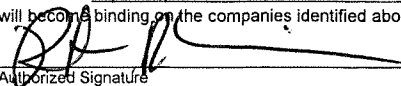
Section (F) Postage Meter & Postage Funding Information

Meter Model:	Machine Model:
Postage Funding Method: <input checked="" type="checkbox"/> Bill Me <input type="checkbox"/> Prepay By Check <input type="checkbox"/> ACH Debit (Customer to submit authorization form)	Postage Funding Account: <input type="checkbox"/> New <input type="checkbox"/> Existing Account TMS Account # _____ POC Account # _____
Service Products (Check all that apply) <input checked="" type="checkbox"/> Online Postal Rates iMeter™ App (SP10) <input type="checkbox"/> Online Postal Expense Manager iMeter™ App (SP20/NeoStats) <input type="checkbox"/> Online E-Services iMeter™ App (SP30) <input type="checkbox"/> Online E-Services with Electronic Return Receipt iMeter™ App (SP35) <input type="checkbox"/> NeoShip BASIC – Requires NeoFunds/TotalFunds (EP70) <input type="checkbox"/> NeoShip PLUS – Requires NeoFunds/TotalFunds (EP70PLUS) <input type="checkbox"/> NeoShip ADVANCED - Requires NeoFunds/TotalFunds (NEOSHIPADV) <input type="checkbox"/> NeoShip Install & User Guide (EP70GUIDES) <input type="checkbox"/> RunMyMail <input type="checkbox"/> Supply – Auto Ink Order <input checked="" type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Installation & Training <input type="checkbox"/> Annual Software Support (Maintenance)	
Covered Product:	

Section (G) Approval

Existing customers who currently fund the Postage account by ACH Debit will not be converted to NeoFunds/TotalFunds unless initialed here _____.

This document consists of a Product Lease ("Lease") with MailFinance Inc.; and a Postage Meter Rental Agreement ("Rental Agreement"), Maintenance Agreement, and an Online Services and Software Agreement with Neopost USA Inc.; and a NeoFunds/TotalFunds Account Agreement with Mailroom Finance, Inc. Your signature constitutes an offer to enter into the Lease and, if applicable, the other agreements, and acknowledges that you have received, read, and agree to all applicable terms and conditions (version DirectLease-V04-16), which are also available at <http://neopostusa.com/terms/DirectLease-V04-16.pdf>, and that you are authorized to sign the agreements on behalf of the customer identified above. The applicable agreements will become binding on the companies identified above only after an authorized individual accepts your offer by signing below, or when the equipment is shipped to you.


 Authorized Signature

Robert H. Skinner, CAO

Print Name and Title

10-6-17

Date Accepted

Accepted by Neopost USA and its Affiliates

Date Accepted