

Engineering the flow of communication™

Lease/Purchase Optio	State of PA Conti	ract #4400008703		
Your Business Informa				
		CAN#	ORDER#	
MADDEN COUNTY COLIC	N. DIOTRICT		25-1157816	
WARREN COUNTY SCHOOL DISTRICT Full Legal Name of renter		DBA Name of renter	Tax ID # (FEIN/TIN)	
Social value when the control of the		NORTH WARREN	PA 16365-489	
185 HOSPITAL DRIVE Billing Address		City	State Zip+4	
•			05004700000	
Billing Contact Name		Billing Contact Phone #	95024790206 Billing CAN #	
		NORTH WARREN	PA 16365-489	
185 HOSPITAL DRIVE Installation Address (If different than billing address)		City	State Zip+4	
		Oily	eneral to record tolered to	
			95024790206	
Installation Contact Name		Installation Contact Phone #	Installation CAN#	
Credit Card #	Name on Card	Exp Date	Type of Card	
Tax Exempt #		State Tax (if applicable)	Fiscal Period (from - to)	
Your Business Needs				
Qty Business Solution	Description	Check items to be included in co	ustomer's payment	
Mail Stream Solution - 1		Equipment Maintenance (Included with lease payments for		
1 Connect+ 2000 Series		— the initial term of the lease)	ding cortain parts and labor	
1 Connect+ Series Meter		Provides service coverage including certain parts and labor Software Maintenance		
1 Connect+ Laser Printer Enabled		Provides revision updates and to	echnical assistance	
1 130/70 LPM Feature				
1 15 lb Interfaced Weighing		Soft-Guard® Subscription Provides postal and carrier updates If you do not elect to include Soft-Guard® protection with your lease, you will automatically receive updates at the then-current rates.		
1 100 Dept Accounting				
1 Color Graphics Printir	ng	automatically receive updates at the t	ier-current rates.	
1 High Res Apps Center		X Intellil ink TM Subscription/Meter Rental		
1 Connect+ 2000 Color Printer		— intelliging outcomplicing	IntelliLink TM Subscription/Meter Rental Provides simplified billing and includes unlimited resets per year	
1 Connect+ Drop Stacker		20.0	Confirmation Services Confirmation Services Electronic access to postal confirmation services	
1 IntelliLink Subscription		() Purchase Power	Receive an invoice for postage, consolidated	
1 15lb Scale Platform/S	tand		and enhanced management reporting information	
1 Laser Printer				
V B (B)				
Your Payment Plan				
Number of months	Monthly amount*	() Required advance chec	k of \$ () received	
First 48	\$438.05		() Lessee is Tax Exempt and the Certificate is not required	
	*Does not include any applicable taxes.	() Lessee is Tax Exempt a	and the Certificate is not required	
Your Acknowledgeme	nt page 1			
Dy your cianature helew you s	re entering into a Lease/Purchase Option Agre	oment nursuant to the State of PA Contract #	4400008703 The Terms	
7 7	PA Lease/Purchase Option govern this transac		4400000703. The ferms	
	e e encompromisso especialista e e e e e e e e e e e e e e e e e e e			
Signature		Date		
Dist Name		Tilla	Email Address	
Print Name		Title	Email Address	

014 District Office

PBGFS Acceptance

Howard W. Plunkett

Account Rep