



SID: _____ SO#: _____

CLIENT LEGAL NAME:		CLIENT STREET ADDRESS:	
Warren County School District		6820 Market St.	
CITY:	STATE:	ZIP:	PHONE:
Russell	PA	16345-3406	814-723-6903
BILL TO NAME: (if different from above)		BILL TO STREET ADDRESS:	
BILL TO CITY:		BILL TO ZIP:	
BILL TO STATE:		BILLING EMAIL:	
DELIVERY DATE:	DELIVERY CONTACT NAME:	DELIVERY CONTACT EMAIL:	DELIVERY PHONE:
ASAP	Paul Leach	leachp@wcsdpa.org	814-723-6900

[illegible]

PO: _____ *Plus applicable taxes*
***Terms are due on receipt**

NOTES:

CONNECTIVITY REQUIREMENTS Remote

IT CONTACT EMAIL:
leachp@wcsdpa.org

CONNECTIVITY NOTES:

SIGNATURE: _____ PRINT & TITLE: _____ DATE: _____



SERVICE AGREEMENT- ADD TO EXISTING

(Imaging and/or Mailing Equipment)

EXISTING AGREEMENT NO.
109098-01

CLIENT ("YOU" or "YOUR")

CLIENT LEGAL NAME: **Warren County School District**

ADDRESS: **6820 Market St., Russell, PA 16345-3406**

DESCRIPTION OF EQUIPMENT, IMAGE ALLOWANCE AND EXCESS CHARGES

SEE ATTACHED EQUIPMENT OR GROUP BILLING SCHEDULE MAKE, MODEL, SERIAL NUMBER AND/OR EQUIPMENT ID TO BE ADDED	CONTACT INFORMATION		MONTHLY IMAGE ALLOWANCE PER MACHINE		EXCESS PER IMAGE CHARGE (PLUS TAX)	
	CONTACT NAME	CONTACT EMAIL	B&W	COLOR	B&W	COLOR
Canon IR ADVANCE DX C5740i	Paul Leach	leachp@wcsdpa.org			\$0.00490	\$0.04500
CANON IR ADVANCE DX 6755i	Paul Leach	leachp@wcsdpa.org			\$0.00490	
TOTAL CURRENT CONSOLIDATED MONTHLY IMAGE ALLOWANCE AND EXCESS PER IMAGE CHARGES (IF CONSOLIDATED)						
TOTAL NEW CONSOLIDATED MONTHLY IMAGE ALLOWANCE AND EXCESS PER IMAGE CHARGES (IF CONSOLIDATED)						

TOTAL **CURRENT** BASE PAYMENT AMOUNT: \$ 0

TOTAL **NEW** BASE PAYMENT AMOUNT: \$ 0

NOTES:

This agreement is subject to the same terms and conditions as the initial contract.

CLIENT'S AUTHORIZED SIGNATURE

(As Stated Above)

X

CLIENT

SIGNATURE

PRINT NAME & TITLE

DATE

SERVICE PROVIDER ("WE", "US", "OUR")

Usherwood Office Technology

SERVICE PROVIDER

SIGNATURE

PRINT NAME & TITLE

DATE

x.024031-UP01MA_0819



Schedule to Master Agreement (Straight Lease)

MASTER AGREEMENT NO.

APPLICATION NO.

AGREEMENT/SCHEDULE NO.

1005 W Fayette St, Syracuse NY 13204

CLIENT ("YOU" or "YOUR")

FULL LEGAL NAME: **Warren County School District**ADDRESS: **6820 Market St., Russell, PA 16345-3406****MASTER AGREEMENT**

REFERS TO THE AGREEMENT BETWEEN CLIENT AND OWNER IDENTIFIED IN OWNER'S RECORDS BY THE MASTER AGREEMENT NO. ABOVE.

DESCRIPTION OF EQUIPMENT

MAKE, MODEL NUMBER, INCLUDED ACCESSORIES & SERIAL NO.

SEE ATTACHED EQUIPMENT SCHEDULE

Canon IP ADVANCE DX C5740i, Cassette Feeding Unit AM1, Finisher Y1**Canon IP ADVANCE DX 6755i, Finisher AC1**EQUIPMENT LOCATION: **(As Stated Above)****PAYMENT TERMS UNDER THIS SCHEDULE ONLY**TERM IN MONTHS: **53****MONTHLY**BASE PAYMENT AMOUNT: \$ **467.91** (PLUS TAX)**AGREEMENT**

This Schedule to Master Agreement ("Schedule"), together with the preprinted terms of the Master Agreement (as amended), constitutes an agreement between Client and Owner with respect to the equipment referenced herein (or on the attached Equipment Schedule), separate and distinct from any other Schedule to Master Agreement entered into between Client and Owner pursuant to the Master Agreement. Client agrees to be bound by the terms of this Schedule, which includes the preprinted terms of the Master Agreement (as amended), and agrees this Schedule shall constitute an "Agreement" as such term is used in the Master Agreement. The parties agree that: (i) this Schedule and any related documents hereto may be authenticated by electronic means. The parties agree that the original of this Schedule for enforcement and perfection purposes, and the sole "record" constituting "chattel paper" under the UCC is the paper copy hereof bearing (i) the original copy of either your manual signature or an electronically applied indication of your intent to enter into this Schedule, and (ii) our original manual signature. You agree not to raise as a defense to the enforcement of this Schedule or any related documents that you executed or authenticated such documents by electronic or digital means or that you used facsimile or other electronic means to transmit your signature on such documents. Notwithstanding anything to the contrary herein, we reserve the right to require you to sign this Schedule or any related documents hereto manually. If any provision in this Schedule conflicts with a provision in the Master Agreement, the provision in this Schedule shall control. This Schedule shall commence on the date of our acceptance.

CLIENT'S AUTHORIZED SIGNATURE

ONCE YOU SIGN THIS SCHEDULE AND OWNER ACCEPTS IT, THIS SCHEDULE WILL BE NON-CANCELABLE FOR THE FULL TERM.

(As Stated Above)

X

CLIENT

SIGNATURE

PRINT NAME & TITLE

DATE

OWNER ("WE", "US", "OUR")**Usherwood Office Technology**

OWNER

SIGNATURE

PRINT NAME & TITLE

DATE

CERTIFICATE OF DELIVERY AND ACCEPTANCE

The Client hereby certifies that all the Equipment: 1) has been received, installed, and inspected, and 2) is fully operational and unconditionally accepted.

(As Stated Above)

X

CLIENT

SIGNATURE

PRINT NAME & TITLE

DATE

x.024031-UP02Straight_0219



CANON FINANCIAL SERVICES, INC. ("CFS")
Remittance Address: 14904 Collections Center Dr.
Chicago, Illinois 60693 800-220-0200

Municipal Fiscal Funding Addendum

CFS' Application Number:

CFS' Agreement Number:

Agreement Date:

GOVERNMENTAL ENTITY

Complete Legal Name

Warren County School District

("Customer")

THIS MUNICIPAL FISCAL FUNDING ADDENDUM ("ADDENDUM") WILL BE OF NO FORCE OR EFFECT IF THE CUSTOMER IS NOT A STATE OR A POLITICAL SUBDIVISION OF A STATE WITHIN THE MEANING OF SECTION 103(C) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED.

Customer warrants that it has funds available to pay Payments payable pursuant to the agreement (whether designated a lease, rental, master lease, or otherwise, together with any schedules, the "Agreement") until the end of its current appropriation period and warrants that it presently intends to make Payments in each appropriation period from now until the end of this Agreement. The officer of Customer responsible for preparation of Customer's annual budget shall request from its legislative body or funding authority funds to be paid to CFS under this Agreement. If notwithstanding the making in good faith of such request in accordance with appropriate procedures and with the exercise of reasonable care and diligence, such legislative body or funding authority does not appropriate funds to be paid to CFS for the Equipment, Customer may, upon prior written notice to CFS, effective upon the exhaustion of the funding authorized for the then current appropriation period, return the Equipment to CFS, at Customer's expense and in accordance with this Agreement, and thereupon, Customer shall be released of its obligation to make Payments to CFS due thereafter, provided: (1) the Equipment is returned to CFS as provided for in the Agreement; (2) the above described notice states the failure of the legislative body or funding authority to appropriate the necessary funds as the reason for cancellation; and (3) such notice is accompanied by payment of all amounts then due to CFS under the Agreement. In the event Customer returns the Equipment pursuant to the terms of this Agreement, CFS shall retain all sums paid by Customer. Customer's Payment obligations under this Agreement in any fiscal year shall constitute a current expense of Customer for such fiscal year, and shall not constitute indebtedness or a multiple fiscal year obligation of Customer under Customer's state constitution, state law or home rule charter. Nothing in this Agreement shall constitute a pledge by Customer of any taxes or other monies, other than as appropriated for a specific fiscal year for this Agreement and the Equipment.

The undersigned represents and warrants to CFS that all action required to authorize the execution and delivery of this Addendum on behalf of the above referenced Customer by the following signatory has been duly taken and remains in full force and effect. Customer agrees that CFS may accept a facsimile or other electronic transmission of this Addendum as an original, and that facsimile or electronically transmitted copies of Customer's signature will be treated as an original for all purposes.

ACCEPTED

Canon Financial Services, Inc.

Customer

By _____

By _____

Title _____

Printed Name _____

Date _____

Title _____