

Section (A) Dealer Information

Dealer Office Number: 9860	Dealer Office Name: Central Business Systems, Inc.	Phone #: (859) 276-1690	Date Submitted: 05/06/16
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Section (B) Billing Information

Company Name (Full legal name): Lexington Parks and Recreation		
DBA:		
Billing Address: 545 N. Upper St. 3rd Floor		
Billing City: Lexington	State: KY	Zip Code + 4: 40508-1481
Billing Contact Name: Christina Hill	Contact Phone Number: (859) 288-2922	
Billing Contact Title: Supervisor	Contact Fax Number:	
Billing Contact email Address: chill@lexingtonky.gov	Purchase Order Number:	

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

Company Name (Full legal name):		
DBA:		
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:		

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	IH600AF	Hasler IH600AF mailing system	
2	IHWP70	70 LB Scale	
3			
4			
5			

Section (E) Lease Payment Information & Lease Payment Schedule

Tax Status: <input type="radio"/> Taxable <input checked="" type="radio"/> Tax-Exempt. <i>Certificate attached.</i>	Period	# of Months	Monthly Payment (plus applicable taxes)
	First	60	164.97
	Next		
	Next		
	Next		
	Current Lease Number:		
New Lease Number:			

Billing Frequency:
 Monthly
 Quarterly
 Annually

Billing Method:
 Standard
 Government
 Payment in Arrears

Section (G) Postage Meter & Postage Funding Information

Main Post Office Name:	Post Office 5-Digit Zip Code:
Postage Funding Method: <input checked="" type="radio"/> Bill Me <input type="radio"/> Prepay by Check <input type="radio"/> ACH Debit <i>Attach ACH Authorization Form</i>	<input type="radio"/> OMAS / CPU <input type="radio"/> OMAS Agency Code <i>Attach USPS CPU Authorization Letter</i>
Postage Funding Account: <input type="radio"/> POC <input checked="" type="radio"/> New <input type="radio"/> Existing Existing Account Number	

Section (H) Services

Rate Protection: <input checked="" type="radio"/> Online Postal Rates <input type="radio"/> RCP (Shipped Update) <input type="radio"/> None	Covered Product: IH600AF
iMeter Apps: <input type="checkbox"/> Online Postal Expense Management <input type="checkbox"/> Online E-Services <input type="checkbox"/> Online E-Services with Electronic Return Receipt	
Software: <input type="checkbox"/> Software Advantage	Covered Product:
Dealer Services: <input checked="" type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Installation / Training	

Section (F) ACH Direct Debit for Lease Payments (Attach Voided Check)

Bank Name	Bank Contact Name
Bank City, State	Bank Contact Phone Number
Bank Routing Number	Bank Account Number

Section (I) 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 Government Product Lease ("Lease") with MailFinance Inc.; and a Postage Meter Rental Agreement ("Rental 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 DealerGovLease-06-13), which are also available at <http://www.neopostusa.com/terms/DealerGovLease-06-13.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 _____	Print Name and Title _____	Date Accepted _____
Accepted by Neopost USA and its Affiliates _____		Date Accepted _____