

**Section (A) Office Information**

Office Number	Office Name	Phone #	Date
6669	Absolute Office Equipment	(802) 655-5560	10/14/2019

**Section (B) Billing Information**

Company Name	Town of Bristol		
DBA			
Billing Address	1 South Street		
City State Zip+4	Bristol	VT	05443
Contact Name	Jen Myers	Phone	(802) 453-2410
Contact Title	Toown Clerk	Fax	
Email Address	clerk@bristolvt.org	PO #	

**Section (C) Installation Information** (if different from billing information)

Company Name	Town of Bristol		
Installation Address	1 South Street		
City State Zip+4	Bristol	VT	05443
Contact Name	Jen Myers	Phone	(802) 453-2410
Contact Title	Toown Clerk	Fax	
Email Address	clerk@bristolvt.org		
Main Post Office	Bristol VT	PO 5-Digit Zip Code	05443

**Section (D) Products**

Qty	Model / Part Number	Description (include Serial Number, if applicable)
1	IX3-P5	iX-3 Series Base w/5lb Integrated Weigh Platform, Moistener & Catch Tray

**Section (E) Lease Payment Information & Schedule**

<b>Tax Status:</b> <input type="checkbox"/> Taxable <input checked="" type="checkbox"/> Tax Exempt <i>Certificate attached</i>	<b>Number of Months</b>		<b>Monthly Payment (Plus applicable taxes)</b>
	First	63	\$65.19
<b>Billing Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<b>Current Lease Number: N16101622</b> <input type="checkbox"/> ACH (Customer to submit authorization form)		
<b>Billing Method:</b> <input checked="" type="checkbox"/> Standard			

**Section (F) Postage Meter & Postage Funding Information**

<b>Meter Model</b>	IX3AI	<b>Machine Model</b>	IX3-P5
<b>Postage Funding Method:</b> <input checked="" type="checkbox"/> Bill Me <input type="checkbox"/> Prepay by Check <input type="checkbox"/> ACH Debit (Submit customer authorization form)		<b>Postage Funding Account:</b> <input checked="" type="checkbox"/> POC <input type="checkbox"/> TMS <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing Existing Account Number: 73402094	

**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 checked="" type="checkbox"/> NeoShip PLUS (EP70PLUS)
<input checked="" type="checkbox"/> NeoShip Install & User Guide (EP70GUIDES)
<input type="checkbox"/> RunMyMail <input type="checkbox"/> 3G/4G Cell Service
<input checked="" type="checkbox"/> Maintenance
<input checked="" type="checkbox"/> Installation/Training
<input type="checkbox"/> Software Support for premise (non-cloud) solutions

**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"), 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 Commercial-Equipment-Lease-Terms-USPS-Dealer-v4-18), which are also available at <https://www.neopost.com/terms/commercial-equipment-lease-terms-usps-dealer-v4-18.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 _____