

### Section (A) Dealer Information

Dealer Office Number: 6310	Dealer Office Name: Midwest Mailing & Shipping Systems	Phone #: (309) 661-1144	Date Submitted:
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### Section (B) Billing Information

Company Name (Full legal name): Vermilion County Health Dept.		
DBA:		
Billing Address: 200 S. College Ste. A		
Billing City: Danville	State: IL	Zip Code + 4: 61832
Billing Contact Name: AP	Contact Phone Number: (217) 431-2662	
Billing Contact Title:	Contact Fax Number:	
Billing Contact email Address:	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	IS330/ISWP5	Mailing System with 5 lb Scale
2		Internet Connection eliminates land line for postage refills, USPS rates included and
3		downloaded via internet
4		
5		

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

<b>Tax Status:</b> <input type="checkbox"/> Taxable <input checked="" type="checkbox"/> Tax-Exempt. <i>Certificate attached.</i>	Period	# of Months	Monthly Payment (Includes Applicable Tax Reimbursement)
	First	69	\$ 67.00
	Next		
	Next		
	Next		
<b>Billing Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<b>Billing Method:</b> <input type="checkbox"/> Standard <input type="checkbox"/> Government Payment in Arrears		
Current Lease Number:			
New Lease Number:			

### Section (G) Postage Meter & Postage Funding Information

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

### Section (H) Services

<b>Rate Protection:</b> <input checked="" type="checkbox"/> Online Postal Rates <input type="checkbox"/> RCP (Shipped Update) <input type="checkbox"/> None	<b>Covered Product:</b>
<b>iMeter Apps:</b> <input type="checkbox"/> Online Postal Expense Management <input type="checkbox"/> Online E-Services <input type="checkbox"/> Online E-Services with Electronic Return Receipt	<b>Covered Product:</b>
<b>Software:</b> <input type="checkbox"/> Software Advantage	<b>Covered Product:</b>
<b>Dealer Services:</b> <input 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 Product Lease ("Lease") with MailFinance Inc.; and/or 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 (versions D-03-11), which are also available at <http://www.neopostinc.com/terms/Dealer-Lease-03-11.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.

Donna J. Dunham  
 Authorized Signature

Donna J. Dunham Fin. Director  
 Print Name and Title

1/23/13  
 Date Accepted

Accepted by Neopost USA and its Affiliates \_\_\_\_\_ Date Accepted \_\_\_\_\_