N21101767

quadient

Product Lease Agreement

With Postage Meter Rental Agreement

				Section (A) Offic	ce Informa	tlon					
Office Number: Office Name: 6310 Mldwest Mailing 8				& Shipping Systems			Office Phone #: 309 661 1144			Date Submitted:		
Se	ction (C) Installation Information (if different than Billing Information)											
Company Name (Full legal name) Vermillion County Health D		Company	Company Name (Full legal name):									
OBA:						Installation Address (No PO Boxes or General Delivery):						
Billing Address: 200 S College St						Installation City:				State:	ZIP Code + 4:	
Billing City: Danville	State: ZIP Code + 4: IL 61832 6744			Installation Contact Name:				Phone Number:				
Billing Contact Name: Clayton Fauver	Contact Phone Number: 217 431 2662			Installation Contact Title:				Fax Number:				
Billing Contact Title: Financial Director				Contact Fax Number:			Installation Contact Email Address:					
Billing Contact Email Address: cfauver@vchd.org	Purchase Order Number:			Main Post Office Name / Mail Drop off: Post			Post of	st office 5-Digit ZIP Code:				
Section (D) Products												
Quantity Model / Part Number						clude Serial Number, if applicable)						
1 1 IX3WP5		 See additional listed products on attached continuation schedule. Digital Mailing Machine System, 5# Scale 										
1 1 IX3WP5/H2MRS100, H2MRS100 Digital Mailing						and Cysten	, on Godis	· · · · · · · · · · · · · · · · · · ·				
3											7-7	
4			·	-								
Section (E) Lease P	ayment Infor	mation & Le	ase Paym	ent Schedule			Section (F) Postage Meter &	Postage	e Funding li	nformation	
Tax Status: # of Period Months			Monthly Payment (plus applicable taxes)							Machine Model:		
☐ Taxable First 63		\$64.23						Postag	stage Funding Account:			
(Certificate attached) Next						☐ Prepay By Check			⊠ Exis	Existing Account		
Billing Frequency: Monthly	Next					C riori bosii (ocotonioi io			,	MS Account # OC Account # <u>4398356</u>		
☐ Annually	Next					Service Products (Check all that apply) ☑ Online Postal Rates iMeter™ App (SP10)						
Billing Method: Current Lease Number:					4	☐ Online Postal Expense Manager iMeter™				App (SP20/NeoStats)		
☑ Standard N13012654D							 ☐ Online E-Services iMeter™ App (SP30) ☐ Online E-Services with Electronic Return Receipt iMeter™ App (SP35) 					
	authorization for	☐ Neoship BASIC Requires Quadient Postage Funding (EP70)										
─────────────────────────────────────									-	,		
☐ Neoship Instali & User Guide (EP70GUID										•	ing (NEODITIE ADV)	
☐ RunMyMail										\		
☐ Maintenance (provided by your authorized ☐ Installation & Training (provided by your authorized ☐ Installation ☐												
☐ Annual Software Support (Maintenance)												
Covered Product:												
Section (G) Approval												
Existing customers who cu This document consists of Agreement with Quadient, and acknowledges that you are also available at www.customeridentified above.	a Product Lea Inc.; and a Po I have receive Juadient.com/	se Agreeme stage Fundi d, read, and Commercial	nt with Quing Account agree to a Equipmen	adient Leasing US Agreement with If applicable term t-Lease-Terms-U	SA, Inc. Quadie s and c SPS-De	.; and a Pos ent Finance conditions (v ealer-V1-20	tage Meter USA, Inc. Your version Com 120, and that	Rental Agreement, an four signature constitu imercial-Equipment-L t you are authorized t	nd an On utes an o ease-Ter o sign the	nilne Services ffer to enter i rms-USPS-D e agreement	nto such agreements, ealer-V1-2020), which s on behalf of the	
when the equipment is ship	-			•		PuBlic	HEATH	ADMINISTRA		10/5/	2021	
Accepted by Quadient, Inc.; and its Affishes. DOUCHAS TOOLE PUBLIC HEATH ADMINISTRATER Print Name and Title										Date Accepted 10/21/2021 Date Accepted		