

**PITNEY BOWES GLOBAL FINANCIAL SERVICES AGREEMENT**  
**STATE & LOCAL FAIR MARKET VALUE LEASE Buyboard Contract #985-L1**

254421 quote

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**Your Business Information**  
**DISTRICT CLERKS OFFICE**

Full Legal Name of Lessee <b>100 N CLOSNER BLVD FL 1ST</b>	DBA Name of Lessee <b>EDINBURG</b>	Tax ID # (FEIN/TIN) <b>TX 78539-3523</b>
Billing Address: Street	City	State Zip+4
Billing Contact Name	Billing Contact Phone #	20094643861
<b>100 N CLOSNER BLVD FL 1ST</b>	<b>EDINBURG</b>	<b>TX 78539-3523</b>
Installation Address (if different from billing address) : Street	City	State Zip+4
Installation Contact Name	Installation Contact Phone #	20094653860
Fiscal Period (from - to)	Customer PO #	Delivery CAN #

**Your Business Needs**

Qty	Business Solution Description
	<b>Mail Creation - 1</b>
1	Green DI500 3 Station Factory Certified
1	OptiFlow Power Stacker
1	Install & Training for Power Stackers
1	Operator Training for DI500/DI600

- Check items to be included in customer's payment
- Service Level Agreement**  
Tier 1 - Provides repair and maintenance service for equipment (Standard SLA)
  - Software Maintenance (additional terms apply)** - Provides revision updates & technical assistance
  - Soft-Guard® Subscription** - Provides postal and carrier updates  
If you do not choose Soft-Guard protection with your lease, you will automatically receive updates at PBI's current rates.
  - IntelliLink® Subscription/ Meter Rental** - Provides simplified billing and includes postage resets
    - Value Based Services
    - Purchase Power® credit line
  - Permit Mail Payment Service** - Allows you to consolidate permit postage with metered postage under one account. As a permit mail user, we need USPS forms 6001, 6002, and 6003, along with the Permit Enrollment form, to activate your Permit Mail Payment service.
  - YES PBGFS ValueMAX® Program**
  - (X) No Enrollment** (I will provide proof of insurance within the next 30 days as noted in paragraph L9).

**Your Payment Plan**

Number Of Months	Monthly Amount	Billed Quarterly At*
First 48	\$270	\$810

\*Does not include any applicable taxes.

- Required advance check of \$( ) received
- Tax Exempt# State Tax (if applicable)
- Tax Exempt Certificate Attached
- Tax Exempt Certificate Not Required

**Your Signature Below**

Non-Appropriations. You warrant that you have funds available to pay all payments until the end of your current fiscal period, and shall use your best efforts to obtain funds to pay all payments in each subsequent fiscal period through the end of your Lease Term. If your appropriation request to your legislative body, or funding authority ("Governing Body") for funds to pay the payments is denied, you may terminate this Lease on the last day of the fiscal period for which funds have been appropriated, upon (i) submission of documentation reasonably satisfactory to us evidencing the Governing Body's denial of an appropriation sufficient to continue this Lease for the next succeeding fiscal period, and (ii) satisfaction of all charges and obligations under this Lease incurred through the end of the fiscal period for which funds have been appropriated, including the return of the Equipment at your expense.

By signing below, you agree to be bound by all the terms and conditions of this Agreement, including those contained on page 2 and those located in the Pitney Bowes Terms (Version 2/13), which are available at [www.pb.com/terms](http://www.pb.com/terms) and are incorporated by reference. The equipment covered by this Agreement includes remanufactured products that have gone through our factory certification testing process. The lease will be binding on PBGFS only after PBGFS has completed its credit and documentation approval process and an authorized PBGFS employee signs below. The lease requires you either to provide proof of insurance or instead participate in the Pitney Bowes ValueMAX equipment protection program (see paragraph L9 page 2) for an additional fee.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_ Email Address \_\_\_\_\_

**Sales Information**

Stanford Todd \_\_\_\_\_

Account Rep Name \_\_\_\_\_ District Office 046 \_\_\_\_\_ PBGFS Acceptance \_\_\_\_\_