

Section (A) Dealer Information

Dealer Office Number:	Dealer Office Name:	Phone #:	Date Submitted:
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Section (B) Billing Information

Company Name (Full legal name):		
DBA:		
Billing Address:		
Billing City:	State:	Zip Code + 4:
Billing Contact Name:	Contact Phone Number:	
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			
2			
3			
4			
5			

Section (E) Lease Payment Information & Lease Payment Schedule

Tax Status: <input type="checkbox"/> Taxable <input type="checkbox"/> Tax-Exempt. <i>Certificate attached.</i> Billing Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually Billing Method: <input type="checkbox"/> Standard <input type="checkbox"/> Government Payment in Arrears	Period	# of Months	Monthly Payment (plus applicable taxes)
	First		
	Next		
	Next		
	Next		
Current Lease Number:			
New Lease Number:			

Section (G) Postage Meter & Postage Funding Information

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

Section (H) Services

Rate Protection: <input type="checkbox"/> Online Postal Rates <input type="checkbox"/> RCP (Shipped Update) <input type="checkbox"/> None	Covered Product:
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 type="checkbox"/> Maintenance <input 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.

Authorized Signature _____	Print Name and Title _____	Date Accepted _____
Accepted by Neopost USA and its Affiliates _____		Date Accepted _____

Section (D) Product Continuation Schedule (Continued)

	Quantity	Model / Part Number	Description (Include Serial Number, if applicable)
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Product Lease Agreement Continuation Schedule