PITNEY BOWES GLOBAL FINANCIAL SERVICES AGREEMENT STATE & LOCAL FAIR MARKET VALUE LEASE

				1	1	1			
Agreement Number									

Your	Business Infor	mation								
NOR.	<u>TON BOARD O</u>	F EDUCATION								
Full Le	gal Name of Lessee			DBA Name of Lessee	Tax ID # (FEIN	Tax ID # (FEIN/TIN)				
4128	S CLEVE-MAS	S RD		NORTON	ОН	44203-5697				
Billing /	Address: Street			City	State	Zip+4				
				() ext	660244402	09				
Billing (Contact Name			Billing Contact Phone # Billing CAN #						
4128	S CLEVE-MAS	S RD		NORTON	ОН	44203-5697				
		ent from billing address) : S	treet	City	State	Zip+4				
				() ext	660244402	09				
Installa	tion Contact Name			Installation Contact Phone # Installation CAN #						
Fiscal P	eriod (from - to)			Customer PO #	Delivery CAN #					
Your	Business Need	ds								
Qty	Business Solut	tion Description		Check items to be included in customer's pay	ment					
Qty	Mail Stream Solu	•		X Service Level Agreement						
1 :	# Connect+ 2000 \$	Series		Tier 2 - Provides Standard SLA plus Training						
1	Connect+ Series	Meter		Connect+® Advantage - Eligible items are in	dicated by #					
1	130/70 LPM Fea	iture		Software Maintenance (additional terms ap	ply) - Provides revision upda	tes & technical assistance				
1	5 lb Interfaced W	/eighing								
1	100 Dept Accour	<u> </u>		Soft-Guard® Subscription - Provides postal If you do not choose Soft-Guard protection		matically receive updates				
1	Black Graphics U			at PBI's current rates.						
1 1	Standard Apps C # Connect+ Mono			IntelliLink® Subscription/ Meter Rental - Pro () Value Based Services	ovides simplified billing and in	ncludes postage resets				
1	Connect+ Drop S			() Purchase Power® credit line						
$\frac{1}{1}$	IntelliLink Subsc			Permit Mail Payment Service - Allows you to						
1	15lb Scale Platfo	•		 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 insu		s as noted in paragraph I Q)				
Your	Payment Plan			(x) No Elifonnien (i will provide proof of insc	marice within the flext 30 day	s as noted in paragraph Ley				
Nur	nber Of Months	Monthly Amount	Billed Quarterly At*	() Required advance check of						
First	60	\$308	\$924	Tax Exempt# () Tax Exempt Certificate Attac		арріісавіе)				
*Does n	ot include any applicable	taxes.		() Tax Exempt Certificate Not	Required					
	, , ,									
Your	Signature									
Non-Ap	oropriations. You warrar	nt that you have funds availab	le to pay all payments until the en	d of your current fiscal period, and shall use yo	ur best efforts to obtain	_				
funds to	pay all payments in each	ch subsequent fiscal period th	rough the end of your Lease Term	n. If your appropriation request to your legislati	ve body, or funding					
				_ease on the last day of the fiscal period for whi he Governing Body's denial of an appropriation		iis				
	•	iscal period, and (ii) satisfaction	•	under this Lease incurred through the end of the	fiscal period for which					
Tulius II	ave been appropriated, i	including the return of the Eqt	iipilielit at your expense.							
_	•			ained on page 2 and those located in the Pitney ill be binding on PBGFS only after PBGFS has o	•					
docume	ntation approval proces	s and an authorized PBGFS e	mployee signs below. The lease r	equires you either to provide proof of insurance	•	n				
the Pitn	ey Bowes ValueMAX equ	uipment protection program (s	see paragraph L9 page 2) for an ac	dditional fee.						
Custon	ner Signature		Date							
Print N			Title	Email A	ddress					
Sales	Information									
_										
<u>Jame</u>	s Barber		014							