Secap Finance SLG FMV Lease Agreement (Version 7/13)

SECAP FINANCE LEASE AGREEMENT							
STATE & LOCAL FAIR MARKET VALUE LEASE					Agreement Number		
	Dealer Name						
our∃ U/e	Susiness Inform		Office				
	al Name of Lessee		DBA Name of Lesse	9 6	Tax ID # (FEIN	/TIN)	
1110 Victoria St., Ste. 201, Laredo				•	TH	78040	
Billing Address: Street City					State	ZIP+4	
rifginia Martinez 956-523-1				1251		72866	
Billing Contact Name Billing Contact Pho				ne #	Billing CAN #		
nstallat	ion Address (if diffe	erent from billing address):	Street City		State	ZIP+4	
nstallat	ion Contact Name		Installation Contact	Phone #	Installation CA	N#	
iscal P	eriod (from – to)		Customer PO #		Delivery CAN #		
	Business Needs						
Qty	Business Solution Description DM 225 Digital Meter System			Check items to be included in customer's payment Service by Dealer or other Third Party			
+	15 16 Scale			The house productive Systems			
				Service Level Agreement, service po			
				Software Maintenance (additional te	enns apply) - Provides revis	ion updates & technical assistance	
				- -			
_				Soft-Guard® Subscription - Provides			
_				If you do not choose Soft-Guard protect receive updates at PBI's current rates.		wii automatically	
				IntelliLink® Subscription/Meter Rent		lling and includes postage resets	
				(□) Value Based Services			
				([]) Purchase Power® credit		iii nortoon with matered postans	
		· · · · · · · · · · · · · · · · · · ·			rmit mail user, we need Us	SPS forms 6001, 6002, and 6003, r Permit Mall Payment service.	
□ -ır.	arsen products are ider	stiffed on your Order, the equipme	ent covered by this Agreement Include	s remanufactured products that have gone throu	gh our factory certification	testing process.	
•	Payment Plan m						
TOUFF	ayment Flan m	187 f. Hit W. M. Troub and A. M. Warsawas Hit for the state of t					
Num	ber Of Months	Monthly Amount*	Billing Frequency	(🗆) Required advance che	_		
First	60	125	Quartetly	Tax Exempt #	State Tax (if e)	oplicable)	
Next				(□) Tax Exempt Certificate (□) Tax Exempt Certificate			
Does no	l include any applicable f	exes.		(-	•		
Your S	Signature Belov						
fiscal peri on the fas continue	od through the end of you all day of the fiscal period this Lease for the next of	our Lease Term. If your appropriati For which funds have been approp succeeding fiscal period, and (ii) s	ion request to your legislative body, o	r current fiscel period, and shall use your best e r funding authority ("Governing Body") for funds entation reasonably selisfactory to us evidencing ons under this Lease incurred through the end	to pay the payments is to n the Governing Sody's d	enial of an appropriation sufficient to	
D!!-	the return of the Equipmon g below, you agree to be	bound by all the terms and good	lions of this Agreement, including tho	se contained on page 2 and those located in the	e Secap Finance Terms f	or Dealers (Version 5/13), which are	
available Ihis Leas	at www.cb.com/secapte e Agreement will control	ms and are incorporated by refere . The tease will be binding on Se		n the terms of this Lease Agreement and the pro e has completed its credit and documentation a			
signs belo	ow. The lease requires y	ou to provide proof of insurance.					
Customer Signature C			Date				
Print Name Title			Title	Email Address			
Sales	Information Res				加热的關係漢字正統		
					<u></u>		
Dealer Name					ap Finance Accept		
(CB14RR	22.2 1		Page 1 o	f 2 See Secap Final	nce Terms For Dealers f	or additional terms and condition	

ATTEST:

Margie Ramirez Ibarra Webb County Clerk

APPROVED AS TO FORM:

Marco A. Montemayor Webb County Attorney

*By law, the county attorney's office may only advise or approve contracts or legal documents on behalf of its clients. It may not advise or approve a contract or legal document on behalf of other parties. Our review of this document was conducted solely from the legal perspective of our client. Our approval of this document was offered solely for the benefit of our client. Other parties should not rely on this approval, and should seek review and approval of their own respective attorney(s).



Dear Valued Customer:

Federal law under The USA PATRIOT Act requires us to obtain the (9) nine digit federal Taxpayer Identification Numbers (TIN) from customers that participate in a Pitney Bowes Bank product, notably Reserve Account and/or Purchase Power.

Additionally, the Internal Revenue Service (IRS) requires the Pitney Bowes Bank to obtain Taxpayer Identification Numbers (TINs) from customers in order to report the free postage earned on the Reserve Account.

For Partnerships, Corporations, Banks, Government Agencies, or Non-profit Organizations, the Taxpayer Identification Number is the Federal Employee Identification Number. For Sole Proprietors, the Taxpayer Identification Number is the owner's Social Security Number.

Number. Please complete the form below and fax it to us at 1-203-546-2277 or mail it to: The Pitney Bowes Bank P.O. 571677 Salt Lake City, UT 84157-1677 We appreciate your timely response to this notice. Thank you. INFORMATION REPLY FORM Please indicate if your company is one of the following Partnership State / Gov't Agency Sole Proprietor Non- Profit ____ Corporation Foreign ____ Bank Other Organization Name Welb County Clerk Street Address 1110 Victoria St., Ste. 201 City, State, Zip Laredo TX 78040 Date_____ Pitney Bowes Customer Account # (11 Digits) 1580 1572 866 Postage by Phone Account (8 Digits) 9 Digit Taxpayer Identification Number (TIN): Certification: Under penalties of perjury, I certify that:(1)The number shown above is my correct taxpayer identification number(or I am waiting for a number to be issued to me);(2)I am not subject to backup withholding because:(a)I am exempt from backup withholding or (b)I have not been notified by the Internal Revenue Service(IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c)the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a US person (including a U.S. resident alien). If you have been notified by the IRS that you are subject to backup withholding, cross out item 2 above. ______Title _____ Signature of Principal