



**State and Local Fair Market Value Lease**

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Agreement Number

**Your Business Information**

WEBB COUNTY TAX OFFICE		74-6001587	
Full Legal Name of Lessee / DBA Name of Lessee		Tax ID # (FEIN/TIN)	
1110 VICTORIA ST STE 107	LAREDO	TX	78040-4420
Billing Address : Street	City	State	ZIP+4
PATRICIA BARRERA / GILBERT PALOMARES		0016869501	
Billing Contact Name	Billing Contact Phone #	Billing Account #	
1110 VICTORIA ST STE 107	LAREDO	TX	78040-4420
Installation Address (if different from billing address) : Street	City	State	ZIP+4
GILBERT PALOMARES		0010316743	
Installation Contact Name	Installation Contact Phone #	Installation Account #	
	2017-04-09		
PO #	Quote Expiration Date		

**Your Business Needs**

Qty	Item	Business Solution Description
1	RELAY7000	Relay 7000 Inserting System
1	DITS	DITS Scan Install & Training
1	DITV	DITV-Installation and Training-Stackers
3	F780183	F780183 - Sheet/Flat envelope Tray
2	F780184	F780184 - Insert Tray
2	F790042-01	Power Cord
1	F790700-01	F790700-01 - US Relay Localization Kit
1	F7SB	F7SB - Barcode Scanning Software
1	F7TB	F7TB Tower OMR BC Scan Hardware
1	STDLSA	Standard SLA-Equipment Service Agreement (for Relay 7000 Inserting System)
1	TIOK	TIOK-Inserter Installation & Training
1	TI70	TI70 - Relay 7000 Inserting System
1	TIET	TIET - Exit Transport
1	TIVP	TIVP - Vertical Power Stacker

**Your Payment Plan**

<b>Initial Term:</b> 60 months	<b>Initial Payment Amount:</b>	
<b>Number of Months</b>	<b>Monthly Amount</b>	<b>Billed Quarterly at*</b>
60	\$ 1,072.85	\$ 3,218.55

\*Does not include any applicable sales, use, or property taxes which will be billed separately.

- Tax Exempt Certificate Attached
- Tax Exempt Certificate Not Required
- Purchase Power® transaction fees included
- Purchase Power® transaction fees extra

**Your Signature Below**

Non-Appropriations. You warrant that you have funds available to make all payments until the end of your current fiscal period, and shall use your best efforts to obtain funds to make 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 make 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 your State's/Entity's/Cooperative's contract, including the Pitney Bowes Terms, which are available at [www.pb.com/states/buyboard](http://www.pb.com/states/buyboard) and are incorporated by reference (collectively, this "Agreement"). The terms and conditions of this Agreement will govern this transaction and be binding on us after we have completed our credit and documentation approvals process and have signed below. The lease requires you either provide proof of insurance or participate in the ValueMAX® equipment protection program (see Section L9 of the Pitney Bowes Terms) for an additional fee. If software is included in the Order, additional terms apply which are available by clicking on the hyperlink for that software located at [www.pitneybowes.com/us/license-terms-of-use/software-and-subscription-terms-and-conditions.html](http://www.pitneybowes.com/us/license-terms-of-use/software-and-subscription-terms-and-conditions.html). Those additional terms are incorporated by reference.

496-15 \_\_\_\_\_  
 State/Entity's Contract #  
 \_\_\_\_\_  
 Lessee Signature  
 \_\_\_\_\_  
 Print Name  
 \_\_\_\_\_  
 Title  
 \_\_\_\_\_  
 Date  
 \_\_\_\_\_  
 Email Address

\_\_\_\_\_  
 Pitney Bowes Signature  
 \_\_\_\_\_  
 Print Name  
 \_\_\_\_\_  
 Title  
 \_\_\_\_\_  
 Date

**Sales Information**

Stanford Todd stanford.todd@pb.com  
 \_\_\_\_\_  
 Account Rep Name Email Address



**Your Payment Plan**

<b>Initial Term:</b> 60 months	<b>Initial Payment Amount:</b>	
<b>Number of Months</b>	<b>Monthly Amount</b>	<b>Billed Quarterly at*</b>
60	\$ 1,072.85	\$ 3,218.55

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496-15 \_\_\_\_\_  
State/Entity's Contract #  
 \_\_\_\_\_  
Lessee Signature  
 \_\_\_\_\_  
Print Name  
 \_\_\_\_\_  
Title  
 \_\_\_\_\_  
Date  
 \_\_\_\_\_  
Email Address

\_\_\_\_\_  
Pitney Bowes Signature  
\_\_\_\_\_  
Print Name  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
Date

**Sales Information**

Stanford Todd \_\_\_\_\_ stanford.todd@pb.com  
Account Rep Name \_\_\_\_\_ Email Address