

計 Pitney Bowes

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Engineering the flow of communication	State & Local Fair Market Value Account #1	0	
Your Business Information			
	CAN#	ORDER#	
CITY OF GAHANNA			
Full legal name of renter	DBA name of renter	Tax ID # (FEIN/TIN)	
200 S HAMILTON	GAHANNA	OH	43230-2919
Billing address	City	State	Zip+4
		15168918868	
Billing contact name	Billing contact phone #	15 1009 10000 Billing CAN #	
	- · ·		
200 S HAMILTON RD	GAHANNA	OH State	43230-2919 Zip+4
Installation address (if different than billing address)	City	State	EIP14
		15174452860	
Installation contact name	Installation contact phone #	Installation CAN#	
Credit Card #	Name on card	Exp date	Type of card
Tax exempt #	State tax (if applicable)	Fiscal period (from - to))
Your Business Needs			
Qty Business Solution Description	Check items to be included in	customer's navment	
Mail Stream Solution - 1		ides service coverage including certain ;	parts and labor
1 DM875 Digital Mailing System	Software Maintenance Provide	es revision updates and technical assist	ance
1 IntelliLink Interface / PSD for DM500-DM11	00 w/PP (NTF) X Soft-Guard® Subscription Pro	vides postal and carrier updates	
1 INVIEW Accounting - 50 Accounts	If you do not elect to include Soft-G receive updates at the then-current	Guard® protection with your lease, you w	/ill automatically
1 15 lb Integrated Weighing (DM800 Only)		ter Rental / Confirmation Service:	s / Purchase
1 e-Return Receipt Feature	X IntellLink™ Subscription/Me Power Subscription	ior resitati derminanen een riee.	<i>y</i> , <i>u</i> ,
1 USB Hub 1 Power Stacker for DM800i	Provides simplified billing and inclu (x) Confirmation Services Electron		
e-Return Receipt Reference Number Featu	· · · · · · · · · · · · · · · · · · ·		
Confirmation Services Training (DM800/900)		iption - Allows you to pay for permit m	ıalı,
1 15 lb Integrated Weighing Platform		contacted to establish your EasyPermitF	
Additional Items on following page	See Folding to Committee of the Committe	Andrionia	
Your Payment Plan			
Number of months Monthly amou	nt*		
First (60) (\$652) () Required advance che		
*Monthly Billing Only.	() Tax exempt certificate	attached	
Monthly Dilling Only.	mada renas tem		
Your Acknowledgement			
This document consists of an Equipment Losse ("Lease") with Pitney Bowes Constituted by Subscripton Mater Parts and a US Postal Sandra Actromodatement	Global Financial Services LLC ("PBGFS"), an Equipment Service Level Agreement with Pitney B of Deposit and an Equipment Guide. Your signature constitutes an offer to enter into the Lease	owes Inc., and an Equipment Guide whice and, if applicable, the other agreements a	h includes, among other things, and acknowledges that you have n
and agree to all applicable terms and conditions and are authorized to sign the agreement	on behalf of the Lessee. The Lease portion of this document will become binding on PBGFS only after an author	tzed employee accepts your offer by signing bel	ow.
NON-APPROPRIATION. You warrant that you have funds available to pay to	he Total Payments until the end of your current fiscal period, and shall use your best efforts to ot	btain funds to pay the Total Payments in	much subsequent fiscal period throu
the end of your Initial Term. If your appropriation request to your legislative bod have been appropriated, upon (i) submission of documentation reasonably satisf	y, or funding authority ("Governing Body") for funds to pay the Total Payments is denied, you may actory to us evidencing the Governing Body's denial of an appropriation sufficient to continue th	y terminate this Agreement on the last day	of the fiscal period for which fur
charges and obligations under this Agreement incurred through the end of the fiscal period	for which funds have been appropriated, including the return of the Equipment at your expense.		
Signature	Date		
Print name	Title	Email address	
Jeremy Williams	014		***************************************
Account rep	District office	PBGFS acceptance	ma
SLGFMV Form (Rev. 1/10)	Page 1 See additional pages for terms and conditions		r; Pitney Bowes Inc. vices call 1-800-322-8000

EXHIBITA



蜵 PitneyBowes

Engineering the flow of communication State & Local Fair Market Value Account #10

You	ur Business Information	:		
			,	
		CAN#	ORDER#	
CIT	Y OF GAHANNA			
	egal name of renter	DBA name of renter	Tax ID # (FEIN/TIN)	
200	SHAMILTON	GAHANNA	OH	43230-2919
	a address	City	State	Zip+4
	,			,
			<u>15168918868</u>	
Billing	g contact name	Billing contact phone #	Billing CAN #	
200 S HAMILTON RD		GAHANNA	OH	43230-2919
	lation address (If different than billing address)	City	State Zip+4	
			15174452860	
Instal	lation contact name	Installation contact phone #	Installation CAN #	· · · · · · · · · · · · · · · · · · ·
1170101	Name of the state			
Credi	t Card #	Name on card	Exp date	Type of card
Tax exempt #		State tax (if applicable)	Fiscal period (from - to)	+
	ur Business Needs	Control (control opposition)		
1	Differential Weighing for 15 lb or 30 lb Scale			
1	Barcode Scanner for Confirmation Services	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1	DM800 Series WOW Module			
1	IntelliLink Subscription with Value Based Services			
1	INVIEW MMS Setup Fee			
1	INVIEW Web Accounting	·		
1	INVIEW - Single Meter			
1	INVIEW Reporting	<u> </u>		
1	INVIEW Subscription			
1	INVIEW Training			