



APPLICATION NO.

2047168



DEALER VALUE LEASE SUPPLEMENT

**CUSTOMER INFORMATION**

FULL LEGAL NAME <b>Gahanna, City Of</b>		STREET ADDRESS <b>200 S Hamilton Rd</b>		
CITY <b>Gahanna</b>	STATE <b>OH</b>	ZIP <b>43230</b>	PHONE <b>(614) 342-4005</b>	FAX
BILLING NAME (IF DIFFERENT FROM ABOVE)		BILLING STREET ADDRESS		
CITY	STATE	ZIP	E-MAIL	

EQUIPMENT LOCATION (IF DIFFERENT FROM ABOVE)  
**Gahanna Police Dispatch, 460 Rocky Fork Blvd., Gahanna, Ohio 434230**

**EQUIPMENT ADDED**

MAKE/MODEL/ACCESSORIES <b>Ricoh C2003, Shift-Sort, Cabinet F</b>	SERIAL NO.	STARTING METER
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See the attached Schedule A       See the attached Billing Schedule

**EQUIPMENT DELETED**

MAKE/MODEL/ACCESSORIES	SERIAL NO.	ENDING METER
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**NEW CONSOLIDATED PAYMENT** (Please fill out this section OR the Itemized Payment section below for the Equipment listed on this Supplement.)

The information below reflects your new CONSOLIDATED Payment and allowance.

Monthly Payment* \$ <u>2622.00</u>	B&W Pages Included <u>none</u>	B&W Page Overages billed at* \$ <u>0.0049</u>
	Color Pages Included <u>none</u>	Color Page Overages billed at* \$ <u>0.0490</u>

OR METER READINGS VERIFIED: B&W - MONTHLY      COLOR - MONTHLY      \*plus applicable taxes

**ITEMIZED PAYMENT** (Please fill out this section OR the New Consolidated Payment section above.)

The information below reflects your ITEMIZED Payment and allowance which is for the above-referenced Equipment only and it will be shown separately on your invoice(s).

Monthly Payment* \$ _____	B&W Pages Included _____	B&W Page Overages billed at* \$ _____
	Color Pages Included _____	Color Page Overages billed at* \$ _____

**TERM**

29 Mos. Termination date of this Supplement will coincide with the termination date set forth in the Dealer Value Lease Agreement and/or previous Supplement(s) (as applicable).  
 \_\_\_\_\_ Mos. Termination date will not be set to coincide with any other Dealer Value Lease Agreement or Supplement.

**TERMS AND CONDITIONS**

You have requested this Supplement to the Dealer Value Lease Agreement (or Supplement) as set forth above. If you choose the new consolidated payment option above, you agree that the Payment on this Supplement is the new consolidated Payment for your Agreement. Except for the specific provisions set forth above, the original terms and conditions set forth in the Dealer Value Lease Agreement and any

**ACCEPTANCE OF DELIVERY**

You certify that all the Equipment listed above has been furnished, that delivery and installation has been fully completed and is satisfactory. Upon you signing below, your promises herein will be irrevocable and unconditional in all respects. You understand that we have purchased the Equipment from the supplier, and you may contact the supplier for a full description of any warranty rights under the supply contract, which we hereby assign to you for the term of this Supplement (or until you default). Your approval as indicated below of our purchase of the Equipment from the supplier is a condition precedent to the effectiveness of this Supplement.

Print Name: \_\_\_\_\_ Signature: **X**

Customer (as referenced above): \_\_\_\_\_ Date of Delivery: \_\_\_\_\_

**CUSTOMER ACCEPTANCE**

This is a Supplement to the Agreement identified above between Lessor and Customer, all the terms and conditions of which are incorporated herein. Upon the execution of this Supplement, Customer hereby agrees to rent from Lessor the Equipment described above. By signing below, you certify that you have reviewed and do agree to all terms and conditions of the Agreement and this Supplement. The Equipment and terms of this Supplement are in addition to the Equipment and terms stated in the Agreement. Notwithstanding anything to the contrary on page 2 of the Agreement, this Supplement shall commence on the day that the Equipment is delivered to you and this Supplement shall be irrevocable and non cancelable in all respects thereafter.

Print Name: \_\_\_\_\_ Signature: **X**

Customer (as referenced above): **Gahanna, City Of** Dated: \_\_\_\_\_

**LESSOR ACCEPTANCE**

Print Name: \_\_\_\_\_ Signature: **X**

Lessor **U.S. Bank Equipment Finance** Dated: \_\_\_\_\_

Customer Type: Existing Order Type: Lease

Contract #

SHIP TO: Customer No. Customer: Gahanna, City Of Department/Division: Police Dispatch PO Box: Street: 460 Rocky Fork Blvd. City: Gahanna State: OH ZIP: 43230 Phone: (614) 342-4005 Fax: Contact: Email:

INVOICE TO: Customer No. Customer: Gahanna, City Of Department/Division: PO Box: Street: 200 S Hamilton Rd City: Gahanna State: OH ZIP: 43230 Phone: (614) 342-4005 Fax: Contact: Email:

EQUIPMENT

Table with columns: MAKE/MODEL/ACCESSORIES, PRICE. Row 1: Ricoh C2003, Shift-Sort, Cabinet F, Leased. Summary row: Installation Sub Total Sales Tax Total, Included.

SALES INFORMATION

Account No.: Purchase off copy service Sold Date: P.O. No. Fed Tax ID #: 31-6400492 Start Date: Contract Term: Taxable? YES NO Lease Company: U.S. Bank Estimated Volume: 1,000

PLACEMENT TYPE New: X Placement Replacement C/S: New Addition Upgrade Renewal

RETURNED EQUIPMENT

Table with 6 columns: MAKE/MODEL/ACCESSORIES, SERIAL NO. or ID. All cells are empty.

Returned Equipment is:

DEMO, Loaner, Leased Equipment, MT Business Technologies, Inc. (MTBT) is and will remain the owner of the equipment. The customer agrees to return the equipment to MTBT upon demand. While in the possession of the customer, the customer assume all liability for the theft, loss, or damage to the equipment, and agrees to reimburse MTBT for any loss or damage incurred during the loan period, normal wear and tear is expected. Purchased good remain the personal property of MTBT until final payment is made. MTBT retains a vendor's lien and has a secured interest in the purchased goods until all terms and conditions hereunder are satisfied.

Customer Approval: X Sales Rep: X [Signature] Print Name: Mike Greene Title: Date: Employee Number: Date: 12/8/15