

Section (A) Office Information

Office Number	Office Name	Phone #	Date
601	Accurate Control Equipment Inc.	(251) 928-4976	10/14/2019

Section (B) Billing Information

Company Name	BALDWIN COUNTY COMMISSION		
DBA			
Billing Address	312 COURTHOUSE SQ STE 11		
City State Zip+4	BAY MINETTE	AL	36507-4809
Contact Name	FINANCE-ACCOUNTS PAYABLE	Phone	(251) 937-9561
Contact Title		Fax	(251) 580-2536
Email Address		PO #	

Section (C) Installation Information (if different from billing information)

Company Name	BALDWIN COUNTY SOLID WASTE		
Installation Address	15140 COUNTY ROAD 49		
City State Zip+4	SUMMERDALE	AL	36580-4239
Contact Name	ALLISON OWENS	Phone	(251) 937-9561
Contact Title		Fax	
Email Address	ALLISON.OWENS@BALDWINCOUNTYAL.GOV		
Main Post Office		PO 5-Digit Zip Code	

Section (D) Products

Qty	Model / Part Number	Description (include Serial Number, if applicable)
1	IN360SH-P5	From Local Dealer Inventory Only...IN360 Base w/5lb Integrated Weigh Platform, Moistener & Catch Tray
1	IN3ERR	IH360 e-RR activation & starter kit. Incl e-RR SW & Rate File w/50 eDel Conf, 50 eSig Conf & 100 eCert labels
1	INSCAN	IN USB Barcode Scanner for Department Scanning or eServices

Section (E) Lease Payment Information & Schedule

Tax Status: <input type="checkbox"/> Taxable <input checked="" type="checkbox"/> Tax Exempt <i>Certificate attached</i>	Number of Months: 36		Monthly Payment (Plus applicable taxes): \$123.52
	Billing Frequency: <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Annually		
Billing Method: <input type="checkbox"/> Standard <input checked="" type="checkbox"/> Arrears			
Current Lease Number: [REDACTED]			
<input type="checkbox"/> ACH (Customer to submit authorization form)			

Section (F) Postage Meter & Postage Funding Information

Meter Model	IN360AI	Machine Model	IN360SH-P5
Postage Funding Method: <input type="checkbox"/> Bill Me <input type="checkbox"/> Prepay by Check <input checked="" type="checkbox"/> ACH Debit (Submit customer authorization form) <input type="checkbox"/> OMAS <input type="checkbox"/> CPU (include authorization form)		Postage Funding Account: <input checked="" type="checkbox"/> POC <input type="checkbox"/> TMS <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	
Agency Code: [REDACTED] Sub Agency Code: [REDACTED]		Existing Account Number: [REDACTED]	

Service Products (Check all that apply)

- Online Postal Rates iMeter™ App (SP10)
- Online Postal Expense Manager iMeter™ App (SP20/NeoStats)
- Online E-Services with Electronic Return Receipt iMeter™ App (SP35)
- NeoShip PLUS (EP70PLUS)
- NeoShip Install & User Guide (EP70GUIDES)
- RunMyMail 3G/4G Cell Service
- Maintenance
- Installation/Training
- Software Support for premise (non-cloud) solutions

Section (G) Approval

Existing customers who currently fund the Postage account by ACH Debit will not be converted to NeoFunds/TotalFunds unless initialed here _____.

This document consists of a Government Product Lease ("Lease") with MailFinance Inc.; and a Postage Meter Rental Agreement ("Rental Agreement"), and an Online Services and Software Agreement with Neopost USA Inc.; and a NeoFunds/TotalFunds Account Agreement with Mailroom Finance, Inc. Your signature constitutes an offer to enter into the Lease and, if applicable, the other agreements, and acknowledges that you have received, read, and agree to all applicable terms and conditions (version Government-Equipment-Lease-Terms-USPS-Dealer-v4-16), which are also available at <https://www.neopost.com/terms/government-equipment-lease-terms-usps-dealer-v4-16.pdf>, and that you are authorized to sign the agreements on behalf of the customer identified above. The applicable agreements will become binding on the companies identified above only after an authorized individual accepts your offer by signing below, or when the equipment is shipped to you.

***** SEE PURCHASE ORDER *****

Authorized Signature: *Catherine Brausted* Print Name and Title: _____ Date Accepted: 10/29/19

Accepted by Neopost USA and its Affiliates: _____ Date Accepted: _____