

Section (A) Office Information

Office Number	Office Name	Phone #	Date
601	Accurate Control Equipment Inc.	(251) 928-4976	10/07/2019

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) 580-2520
Contact Title		Fax	(251) 580-2536
Email Address		PO #	

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

Company Name	ROBERTSDALE SHERIFFS OFFICE		
Installation Address	18126 COUNTY RD 54		
City State Zip+4	ROBERTSDALE	AL	36567
Contact Name	CONNIE DUDGEON	Phone	(251) 580-2508
Contact Title	DIRECTOR OF BUDGET & FIN	Fax	(251) 508-2561
Email Address	CDUDGEON@BALDWINCOUNTYAL.GOV		
Main Post Office		PO 5-Digit Zip Code	

Section (D) Products

Qty	Model / Part Number	Description (include Serial Number, if applicable)
1	IN360-P5	IN360 Series Base w/5lb Integrated Weigh Platform, Moistener & Catch Tray

Section (E) Lease Payment Information & Schedule

Tax Status: <input type="checkbox"/> Taxable <input checked="" type="checkbox"/> Tax Exempt Certificate attached	Number of Months		Monthly Payment (Plus applicable taxes)
	First	36	\$85.84
	Billing Frequency: <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Annually Billing Method: <input checked="" type="checkbox"/> Standard <input 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	IN360-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 Existing Account Number: [REDACTED]	
Agency Code	[REDACTED]	Sub Agency Code	[REDACTED]

Service Products (Check all that apply)

<input checked="" type="checkbox"/> Online Postal Rates iMeter™ App (SP10) <input checked="" type="checkbox"/> Online Postal Expense Manager iMeter™ App (SP20/NeoStats) <input type="checkbox"/> Online E-Services iMeter™ App (SP30) <input type="checkbox"/> NeoShip PLUS (EP70PLUS) <input type="checkbox"/> NeoShip Install & User Guide (EP70GUIDES) <input type="checkbox"/> RunMyMail <input type="checkbox"/> 3G/4G Cell Service <input checked="" type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Installation/Training <input type="checkbox"/> 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.

Authorized Signature

Print Name and Title

Date Accepted

Accepted by Neopost USA and its Affiliates

Date Accepted