Lease Schedule ("Schedule") - Itemized (SER-700)

Page 1 of	F	age	1	of	•
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Customer: LINDY PROPERTY MANAGEMENT COMPANY

CFS App #:

Salesperson: Kevin Kornuszko

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Canon Solution	ns America, Inc. ("CSA")	Agreement #: MA5	102					Transacti	on #: S12316		Date: 03/23		
One Canon Park, Melville, NY 11747			Payment Information				Equipment Maintenance Information							
(800)-613-222	8			List	ed Items	Lease Term	# of Lease	Payments	•		all Equipment			
Billing Information Customer Account: 1104364			_	60	Months	60)	Maint Base charge invoiced Monthly by CFS						
Company: LIN	IDY PROPERTY MA	NAGEMEN	T COMPANY			_ Months			Excess Pe	Image Charg	e invoiced Quarterly	/ by CFS		
DBA: MT. AIR	Y PLACE			Р	ayment S	ummary* (*Plu	s Applicable	Taxes)	Per Unit Co	verage Plan			Fixed Price P	lan
Address: 309 YORK ROAD SUITE 211			Lease Payment \$217.00 Invoiced by CFS				Other Transaction Details							
Address 2:				Total Maintenance				Lease Payment shall be invoiced Monthly						
City: JENKINTOWN County: MONTGOMERY				¢27.00										
State: PA	Zip : 19046	Phone #	215.886.8030 x43			Due at Sig	gning							
Contact: ADO	NIS HENRY	Fax #:		# of P	ayments	in Advance	Total Due	at Signing	1					
Email: AHENE	RY@COMEHOMETO	LINDY.CO	М		0		\$0.	00						
	ce - Rider A (Office E		Maint Base Charge Section	n A	Co	vered Images	Included in N	laint Base (Charge		Excess Per Im	age Charge(s)	
Sheet Product	ion)		Included			B&W	/: 2,000 Colo	r: 500			B&W: \$0.008900	Color: \$0.03	8400	
Item Code		Listed	tems Description		Q	ty Unit Pmt	Total		S	hip To & Mai	ntenance Billing In	formation		
3827C002	IRADVDXC5840I				1	Included	Included	Shipping:	1651 E MOUN	IT AIRY AVE ST	E 108 MT AIRY ARMS	Deli	very Date: 03	3/25/22
4000C002	INNER FINISHER-L1				1	Included		Address 2:					•	
5358C001	CABINET TYPE-V				1	Included	1	City: PHILA		C	County: MONTGON	MERY State: P	A Zip: 19150)-1103
3998C001	SUPER G3 FAX BOAF	RD-AX1			1					ntact: ADONI	-		•	
1972V064			FR (120V/15A) XG-PCS-15D		1			_	15.886.8030		Email: AHENRY@	©COMEHOM	ETOLINDY.C	:OM
1972V064 ESP NEXT GEN PCS POWER FILTER (120V/15A) XG-PCS-15D 2368V120 MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM					1			Meter Con						
3923V843 INSTALL PAK DX C5870I/C5860i/C5850i/C5840i					1		1	Phone #:			Email:			
IntSupplies Pre-Installed Supplies Installed in Machine				1			1	: ADONIS H	ENRY					
								l	215.886.8030 Email: AHENRY@COMEHOMETOLINDY.CC					ЮМ
								Billing:						
								Address 2:						
								City:		c	County:	State:	Zip:	
								Billing Cor	ntact:					
								Phone #:			Email:			
								Elevator:	No Loadi	ng Dock: No		Hrs of O	peration: 9-5	
			Additional Requirements:						les: Toner O	•	c. ctope.	-	-Toner Fulfilln	
								1	od: imageW	•			orporate Adva	
								For CSA U					<u>'</u>	
								Config: A 6						
RIDER G THERET(SCHEDULE, THEY INCORPORATED I CUSTOMER UPON	O WHICH SHALL CONTRO SHALL CONTROL OVER THEREIN ARE AVAILABLE A I SIGNING BY CUSTOMER	L (THE "LEASE THE MASTER L T <u>ESS.CSA.CA</u> , AND IS BINDI	NCORPORATES THE TERMS OF, TH TERMS"). TO THE EXTENT THE TER EASE TERMS SET FORTH AS RIDER NON.COM/CUSTOMERDOCUMENTS NG ON CSA AND LESSOR AS PROVI IS TO LEASE THE LISTED ITEMS AND	RMS OF A G TO TH , AND SH DED IN T	AN EXISTING HE AGREEME HALL APPLY ⁻ THE LEASE TI	CFS MASTER AGR ENT FOR SO LONG TO THE EXTENT NO ERMS. THIS SCHED	EEMENT ARE RE AS THE EXISTING OT MODIFIED BY T DULE IS NON-CAN	CED AS THE A FERENCED ON MASTER CFS THE AGREEMEI CELABLE BY C	GREEMENT # A THIS SCHEDUI LEASE REMAIN NT. THIS SCHE USTOMER. CUS	E (THE "EXISTING S IN EFFECT. ST DULE CONSTITUT STOMER REPRES	G MASTER CFS LEASE") ANDARD TERMS AND CO TES A LEASE OF THE LIS ENTS THATEXECUTION	AND ARE APPLIC ONDITIONS AND TED ITEMS, AND OF THIS SCHED OF THIS SCHED	CABLE TO THIS APPLICABLE RID) IS BINDING ON ULE HAS BEEN D JLE.	DERS
Customer Author	rized Signature Brian	_{by:} roker	P	rinted Na	Bria	n Kroker			Title: Ch	ef Operat	ing Officer	Date: 03	/28/2022	9
	619F136104	DA403	<u> </u>			CCEPTANCE C	ERTIFICATE							
		. ,	sted Items referred to in the above e Customer, and (d) the Listed Ite						. ,		•	•		
Authorized Signa	ature:		Р	rinted Na	ame:				Title:			Date:		
For Internal P	urposes Only:													
CFS Authorized	Signature:		P	rinted Na	ame:				Title:			Date:		