



Canon Solutions America, Inc. ("CSA")
One Canon Park, Melville, NY 11747
(800)-613-2228

Customer: LINDY-WYNCOTE LP
Agreement #: MA5102

CFS App #: 2019321 Salesperson: Kevin Kornuszko
Transaction #: S21089177 Order Date: 08/21/24

Billing Information | Customer Account: 2160067

Company: LINDY-WYNCOTE LP
DBA:
Address: 308 YORK RD STE 211
Address 2:
City: JENKINTOWN **County:** MONTGOMERY
State: PA **Zip:** 19046-3210 **Phone #:** 215-886-8030
Contact: ADONIS HENRY
Email: ahenry@comehometolindy.com

Rider A applies (Optional Maintenance for Office Equip/Cut Sheet Production)

Payment Information		Equipment Maintenance Information
Listed Items Lease Term	# of Lease Payments	OPTIONAL MAINTENANCE: elected for all Equipment Excess Per Image Charge invoiced Quarterly by CFS Per Unit Coverage Plan Fixed Price Plan
60 Months	60	
Payment* (*Plus Applicable Taxes)	CFS Invoicing	
Total \$451.00	Lease Payment shall be invoiced Monthly	
Due at Signing		Other Transaction Details
# of Payments in Advance	Total Due at Signing	Purchase Option: Fair Market Value
Covered Images Included in Payment		Excess Per Image Charge(s)
B&W: 8,000 Color: 2,000		B&W: \$0.00890 Color: \$0.03840

Item Code	Listed Items Description	Qty	Ship To & Maintenance Billing Information	
3826C002	IMAGERUNNER ADVANCE DX C5850I	1	Shipping: 8440 LIMEKILN PK Delivery Date:	
4030C002	CASSETTE FEEDING UNIT-AQ1	1	Address 2:	
4000C002	INNER FINISHER-L1	1	City: WYNCOTE County: MONTGOMERY State: PA Zip: 19095-9999	
3998C001	SUPER G3 FAX BOARD-AX1	1	Primary Customer Contact: ADONIS HENRY	
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1	Phone #: 215-886-8030 Email: ahenry@comehometolindy.com	
3923V843	INSTALL PAK DX C5870I/C5860I/C5850I/C5840I	1	Meter Contact:	
IntSupplies	Pre-Installed Supplies Installed in Machine	1	Phone #: Email:	
			IT Contact: ADONIS HENRY	
			Phone #: 215-886-8030 Email: ahenry@comehometolindy.com	
			Billing:	
			Address 2:	
			City: County: State: Zip:	
			Billing Contact:	
			Phone #: Email:	
			Elevator: No Loading Dock: No # of Steps: 0 Hrs of Operation: 9-5	

Additional Requirements:

Consumables: Toner Only Auto-Toner Fulfillment**
Meter Method: Remote Reporting Agent Corporate Advantage

For CSA USE ONLY:
Config: A | 57208397

THIS SCHEDULE IS ENTERED INTO PURSUANT TO, AND INCORPORATES THE TERMS OF, THE MASTER SALES AND SERVICES AGREEMENT REFERENCED AS THE AGREEMENT # ABOVE ("AGREEMENT"), INCLUDING THE MASTER LEASE TERMS SET FORTH AS RIDER G THERETO WHICH SHALL CONTROL (THE "LEASE TERMS"). TO THE EXTENT THE TERMS OF AN EXISTING CFS MASTER AGREEMENT ARE REFERENCED ON THIS SCHEDULE (THE "EXISTING MASTER CFS LEASE") AND ARE APPLICABLE TO THIS SCHEDULE, THEY SHALL CONTROL OVER THE MASTER LEASE TERMS SET FORTH AS RIDER G TO THE AGREEMENT FOR SO LONG AS THE EXISTING MASTER CFS LEASE REMAINS IN EFFECT. STANDARD TERMS AND CONDITIONS AND APPLICABLE RIDERS INCORPORATED HEREIN ARE AVAILABLE AT [ESS.CSA.CANON.COM/CUSTOMERDOCUMENTS](https://ess.csa.canon.com/customerdocuments), AND SHALL APPLY TO THE EXTENT NOT MODIFIED BY THE AGREEMENT. THIS SCHEDULE CONSTITUTES A LEASE OF THE LISTED ITEMS, AND IS BINDING ON CUSTOMER UPON SIGNING BY CUSTOMER, AND IS BINDING ON CSA AND LESSOR AS PROVIDED IN THE LEASE TERMS. THIS SCHEDULE IS NON-CANCELABLE BY CUSTOMER. CUSTOMER REPRESENTS THAT EXECUTION OF THIS SCHEDULE HAS BEEN DULY AUTHORIZED. BY YOUR SIGNATURE, CUSTOMER AGREES TO LEASE THE LISTED ITEMS AND, IF SELECTED, TO PURCHASE THE MAINTENANCE SERVICES DESCRIBED HEREIN. YOU ACKNOWLEDGE RECEIPT OF A COPY OF THIS SCHEDULE.

Customer Authorized Signature:  Printed Name: Brian Kroker Title: Chief operating officer Date: 08/23/2024 | 4:51 PM

ACCEPTANCE CERTIFICATE

To: CSA and Lessor: Customer certifies that (a) the Listed Items referred to in the above Schedule have been received, (b) installation has been completed, (c) the Listed Items have been examined by Customer and are in good operating order and condition and are, in all respects, satisfactory to the Customer, and (d) the Listed Items are irrevocably accepted by the Customer for all purposes under the Agreement. Accordingly, Customer hereby authorizes billing under this Schedule.

Authorized Signature: Printed Name: Title: Date:

For Internal Purposes Only:
CFS Authorized Signature: Printed Name: Title: Date: