

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

Customer: LINDY PROPERTY MANAGEMENT COMPANY
Agreement #: MA26042

CFS App #: 2001739
Transaction #: S21068265

Salesperson: Kevin Kornuszko
Order Date: 05/13/24

Billing Information | Customer Account: 1104364

Company: LINDY PROPERTY MANAGEMENT COMPANY
DBA:
Address: 309 YORK RD STE 211
Address 2:
City: JENKINTOWN **County:** MONTGOMERY
State: PA **Zip:** 19046-3210 **Phone #:** 215-886-8030 Ext: 43
Contact: ADONIS HENRY
Email: AHENRY@COMEHOMETOLINDY.COM

Rider A applies (Office Equip/Cut Sheet Production)

Payment Information		Equipment Maintenance Information
Listed Items Lease Term	# of Lease Payments	Maintenance included for all Equipment
60 Months	60	Excess Per Image Charge invoiced Quarterly by CFS
Payment* (*Plus Applicable Taxes)	CFS Invoicing	Per Unit Coverage Plan
Total \$251.00	Lease Payment shall be invoiced Monthly	Fixed Price Plan
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: 2,500 Color: 1,000		B&W: \$0.00890 Color: \$0.03840

Item Code	Listed Items Description	Qty	Ship To & Maintenance Billing Information
3827C002	IMAGERUNNER ADVANCE DX C5840I	1	Shipping: 450 FORREST AVE STE N209 450 GREEN APTS Delivery Date: Address 2: City: NORRISTOWN County: MONTGOMERY State: PA Zip: 19401-5671 Primary Customer Contact: ADONIS HENRY Phone #: 215-886-8030 Ext: 43 Email: AHENRY@COMEHOMETOLINDY.COM Meter Contact: Phone #: Email: IT Contact: ADONIS HENRY Phone #: 215-886-8030 Ext: 43 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
4030C002	CASSETTE FEEDING UNIT-AQ1	1	
4000C002	INNER FINISHER-L1	1	
3998C001	SUPER G3 FAX BOARD-AX1	1	
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1	
3923V843	INSTALL PAK DX C5870I/C5860I/C5850I/C5840I	1	
IntSupplies	Pre-Installed Supplies Installed in Machine	1	
Additional Requirements:			Consumables: Toner Only Auto-Toner Fulfillment** Meter Method: Remote Reporting Agent Corporate Advantage For CSA USE ONLY: Config: A 57150902

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: **05/17/2024 | 4:47 AM**

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: