



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

**Customer:** LINDY PROPERTY MANAGEMENT COMPANY

**CFS App #:** 1971916

**Salesperson:** Kevin Kornuszko

**Agreement #:** MA26042

**Transaction #:** S21042690

**Order Date:** 12/05/23

**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

**Contact:** ADONIS HENRY

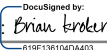
**Email:** AHENRY@COMEHOMETOLINDY.COM

Rider A applies (Office Equip/Cut Sheet Production)

Payment Information		Equipment Maintenance Information	
Listed Items	Lease Term	# of Lease Payments	
60	Months	60	
Payment* (*Plus Applicable Taxes)		CFS Invoicing	
Total		Lease Payment shall be invoiced Monthly	
\$65.00			
Due at Signing		Other Transaction Details	
# of Payments in Advance		Purchase Option: Fair Market Value	
Total Due at Signing			
Covered Images Included in Payment		Excess Per Image Charge(s)	
B&W: 00    Color: 00		B&W: \$0.00900    Color: \$0.05500	

Item Code	Listed Items Description	Qty	Ship To & Maintenance Billing Information
4930C001	COLOR IMAGECLASS X MF1538C	1	<b>Shipping:</b> 2401 HOFFNAGLE STREET <b>Delivery Date:</b> <b>Address 2:</b> <b>City:</b> PHILADELPHIA <b>County:</b> PHILADELPHIA <b>State:</b> PA <b>Zip:</b> 19152 <b>Primary Customer Contact:</b> ADONIS HENRY <b>Phone #:</b> 215-886-8030 <b>Email:</b> AHENRY@COMEHOMETOLINDY.COM <b>Meter Contact:</b> <b>Phone #:</b> <b>Email:</b> <b>IT Contact:</b> ADONIS HENRY <b>Phone #:</b> 215-886-8030 <b>Email:</b> AHENRY@COMEHOMETOLINDY.COM <b>Billing:</b> <b>Address 2:</b> <b>City:</b> <b>County:</b> <b>State:</b> <b>Zip:</b> <b>Billing Contact:</b> <b>Phone #:</b> <b>Email:</b> <b>Elevator:</b> No <b>Loading Dock:</b> No <b># of Steps:</b> 0 <b>Hrs of Operation:</b> 9-5
3792V243	INSTALL PAK LBP/IMAGECLASS - INTANGIBLE	1	
2368V991	PRINTER CONNECTIVITY	1	
Additional Requirements:			Consumables: Toner Only      Auto-Toner Fulfillment** Meter Method: Remote Reporting Agent <b>For CSA USE ONLY:</b> Config: A   57083262

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: 12/05/2023 | 10:44 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: