

Production Print Solutions

Master Lease Agreement LEASE SCHEDULE

CFS-1534 (12/17)

CANON FINANCIAL SERVICES, INC. ("CFS")
Remittance address: 14904 Collections Center Drive
Chicago, Illinois 60693 Phone: (800) 220-0200

CFS' AGREEMENT

					NUMBER:	
THIS MASTE	R LEASE AGREEME Customer indicated b	ENT LEASE SCHE elow ("Customer")	DULE (this "Schedule") inco and CFS, executed on	orporates a	all of the terms of the Mas the "Agreeme"	
This Schedul	e and the Agreement	(as it relates to thi	is Schedule) constitutes a le	ase of the	equipment described belo	ow (the "Equipment").
in the event of	or any conflict between	n the terms hereof	and the terms of the Agree		terms of this Schedule sha	ali govern.
COMPANY LEG	AL NAME		CUSTOMER INFORMA	TION		PHONE
CONTRA COSTA COUNTY			Print & Mail Services			925-655-4500
BILLING ADDRE		31411	CITY COUNTY			ATE ZIP
4061 PC	RT CHICAGO	HWY	CONCORD			A 94520-1196
EQUIPMENT ADDRESS			CITY COUNTY			ATE ZIP
4061 PC	RT CHICAGO	HWY	CONCORD		CA 94520-1196	
EQUIPMENT INFORMATION NUMBER AND AMOUNT OF PAYMENTS						
Quantity	Serial Number	Make/Model/Description			Number Of Payments	Payment Amount *
1		VPIX3200-varioPRINT iX-3200 Series			84	\$26,718.00
1		IPV1000-imagePRESS V1000				
1		VP6180 -varioPRINT 6180 TITAN TPxp				
-						
		04				
Term in months: 84 Payment Frequency: ■ Monthly □ Quarterly □ Other:						
Number of Payments in Advance: End of Term Purchase Option: Fair Market Value \$1.00 Other: (\$ or %) (estimated)						
Total Amount	Due at Signing *:		* Plus Applicable Taxes			(301111003)
Maintenance a	and Supplies Included	in Payment*: (Sepa	rate Service Provider Agreement	required.)	Maintenance Supplies [Software Maintenance
			COMMENTS			
OMNIA University of California CA Contract Number: 2020002755 Terms 9 Conditions Covers						
OMNIA - University of California, CA Contract Number: 2020002755 Terms & Conditions Govern						
	THIS SCHEDULE IS	NON-CANCEL AR	LE BY CUSTOMER AND IS	SSUBJEC	T TO AND CONDITIONE	D UPON
	CREDIT APPROVAL	BY CFS. CUSTO	MER REPRESENTS THAT	ALL ACT	ION REQUIRED TO AUT	HORIZE
			EHALF OF CUSTOMER BY AD, UNDERSTANDS AND	_		
			DIT <mark>IONS SET FORTH IN TH</mark>	IIS SCHE	DULE.	
ACCEPTED			AUTHORIZED CUSTOMER SIGNATURE			
CANON FINANCIAL SERVICES, INC.			By: X		Title:	
Ву:			Printed Name:			
Title:			Email Address:			Date:
Date:			By: X		Title:	

Printed Name: