



**State of Florida Contract #600-760-11-1  
Order Form**

Agreement Number  

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**Your Business Information**

<b>CITY OF KEY WEST</b>		
Full Legal Name of Lessee	DBA Name of Lessee	Tax ID # (FEIN/TIN)
PO BOX 1409	KEY WEST	FL 33041-1409
Billing Address	City	State Zip+4
		21169388861
Billing Contact Name	Billing Contact Phone #	Billing CAN #
3106 FLAGLER AVE	KEY WEST	FL 33040-4602
Installation Address (If different than billing address)	City	State Zip+4
		01013700883
Installation Contact Name	Installation Contact Phone #	Installation CAN #
Please note any special billing requirements here	Invoice Attention of	Customer PO #

**Your Business Needs**

Qty	Business Solution Description	Check items to be included in customer's payment
	Mail Creation - 1	
1	Connect+ 2000 with Energy Star	<input checked="" type="checkbox"/> Service Level Agreement
1	Connect+ Series Meter w/PP (NTF)	<input checked="" type="checkbox"/> Provides Standard SLA with Training
1	Connect+ Laser Printer Enabled	<input type="checkbox"/> Software Maintenance (additional terms apply)
1	130/70 LPM Feature	<input type="checkbox"/> Provides revision updates and technical assistance
1	5 lb Interfaced Weighing	<input checked="" type="checkbox"/> Soft-Guard® Subscription
1	100 Dept Accounting	Provides postal and carrier updates
1	High Res Apps Center	If you do not elect to include Soft-Guard® protection with your lease, you will automatically receive updates at the then-current rates.
1	Connect+ Mono Printer	<input checked="" type="checkbox"/> IntelliLink® Subscription/Meter Rental/Value Based Services
1	Connect+ Drop Stacker	Provides simplified billing and includes postage resets
1	IntelliLink Subscription	( ) Value Based Services
1	15lb Scale Platform/Stand	(x) Purchase Power Receive an invoice for postage , consolidated billing, (No Transaction Fees) and enhanced management reporting information.
1	Printer	
1	Document Processing Professional Services	
1	Sprint 3G Subscription	

**Your Payment Plan**

Number of months	Monthly amount*
First 60	\$442.00

- ( ) Required Advanced check of \$0.00 received.
- ( ) Tax Exempt certificate attached

\*Does not include any applicable sales taxes & Payment plans begin after any applicable Prorated Usage Period

**Your Acknowledgement**

By your signature below, you are entering into a Lease Agreement pursuant to the terms and conditions of the State Contract #600-760-11-1.

Signature	Date	
Print Name	Title	Email Address
Thomas Cannon	109	
Account Rep	District Office	PBGFS Acceptance