

Agreement # 6925535-017

EQUIPMENT

Equipment Model & Description	Serial Number	Accessories
<u>Xerox MFP3635X</u>	_____	_____
_____	_____	_____
_____	_____	_____

See attached schedule for additional Equipment / Accessories

Equipment Location (if different from Billing Address) _____

SUPPLIER

COPYTRONIX/CTX
Name
16655 SW 72nd Ave. #800
Address
Portland OR 97224
City State Zip

PURCHASE OPTION AT END OF TERM

Fair Market Value

TRANSACTION TERMS

Lease Payment \$ 74.65 Term 60 months
(plus applicable taxes)

Billing Period (monthly if not checked)
 Monthly Quarterly Semi-Annually Annually

The following additional payments are due on the date this Agreement is signed by you:

SECURITY DEPOSIT \$ 0

ADVANCE PAYMENT **\$ 0 **Applied to: first last
(plus applicable taxes)

DOCUMENT FEE \$75.00

YOU HAVE SELECTED THE EQUIPMENT. THE SUPPLIER AND ITS REPRESENTATIVES ARE NOT OUR AGENTS AND ARE NOT AUTHORIZED TO MODIFY THE TERMS OF THIS LEASE. YOU ARE AWARE OF THE NAME OF THE MANUFACTURER OF EACH ITEM OF EQUIPMENT AND YOU WILL CONTACT EACH MANUFACTURER FOR A DESCRIPTION OF YOUR WARRANTY RIGHTS. WE MAKE NO WARRANTIES TO YOU, EXPRESS OR IMPLIED, AS TO THE MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, SUITABILITY, OR OTHERWISE. WE PROVIDE THE EQUIPMENT TO YOU AS-IS. WE SHALL NOT BE LIABLE FOR CONSEQUENTIAL OR SPECIAL DAMAGES.

EXCEPT AS PROVIDED IN SECTION 3, YOUR PAYMENT OBLIGATIONS ARE ABSOLUTE AND UNCONDITIONAL AND ARE NOT SUBJECT TO CANCELLATION, REDUCTION OR SETOFF FOR ANY REASON WHATSOEVER. BOTH PARTIES AGREE TO WAIVE ALL RIGHTS TO A JURY TRIAL. LEASE SHALL BE GOVERNED BY THE LAWS OF THE STATE IN WHICH THE LESSEE IS LOCATED.

LESSEE ("You")

COWLITZ, COUNTY OF
Full Legal Name
Dept of Building & Planning
207 4th Ave. North
Billing Address
Kelso WA 98626
City State Zip
Traci Jackson (360) 577-3052
Contact Name Phone E-mail Address

By: X _____
Signature of Authorized Signer

Name: _____
Please Print Chair

ATTEST: _____
Clerk of the Board
Date: 6-2-09 Fed Tax ID 91-6001310
Date of Signature

LESSOR ("We", "Us")

1961 Hirst Drive, Moberly, MO 65270

By: _____

Name: _____

Title: _____

Date: _____

For Supplier Use Only

Documentation Checklist:

- Invoice
- Purchase Order
- Tax Exemption Certificate
- Certificate of Insurance
- Other _____

see attached

COPYTRONIX EQUIPMENT ORDER

16655 SW 72nd Ave Suite 800
 Portland, OR 97224
 Phone (503) 620-0202 Fax (503) 620-1730
 Toll Free 1-877-4BIZHUB (424-9482)

Date - May 26, 2009
Customer # -
P.O. No -
Equip ID # -

Copytronix, by acceptance of this agreement, agrees to furnish to the customer, subject to terms and conditions herein specified, equipment and accessories listed below:

Qty.	Model	IT	Description	Serial Number	Unit Price	Total Price
1	3635x		Xerox MFP3635x			\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00

CTX agrees to connect equipment above marked "IT" at the time of sale. Otherwise install is subject to \$495 connection fee up to 5 workstations. Sub Total \$0.00

Trade-In Equipment / Lease Returns		Machine Set-Up and Delivery		\$
Qty	ID # / Serial #	Description	<input type="checkbox"/>	195.00
		Scanning Set-up (5 workstation Max)	<input type="checkbox"/>	200.00
		Sales Tax	0.000%	\$
		Ins. Certificate	Yes ___ No ___	
		TOTAL		\$

Payment Information				
Process Fee	\$75.00	Monthly Payment	\$74.65	Term / Months 60
		Program		FMV

Service Information			
Monthly Volume B&W	Monthly Volume Color	Excess Billing Cycle	B&W Rate \$0.02000 Color
Included	Included	Service agreements include all service, parts and supplies (toner, developer, and drums), all preventative	
Separate 3k	Separate	and emergency services during normal business hours. Includes everything except paper and staples.	

Notes

Power Requirements: It is the customers responsibility that electrical requirements are met for proper machine operation. Authorization of this agreement is acknowledgment that you understand the electrical requirements necessary for the equipment. Inadequate power may result in severe damage and could void your warranty/service agreement. A copy of the electrical requirements are available from your sales representative

This is a binding order, not subject to cancellation. No modifications or additions thereto shall be binding upon the seller unless expressly consented to in writing by an officer of the corporation. Title shall remain with the seller until payment is made in full. Copytronix warrants the goods covered by this order, if new, in accordance with the factory warranty. If the goods covered by this order are used, the extent of the warranty is as appears above. All delinquent balances shall accrue a service charge of 1.5% per month (18% annual rate) if legal action is commenced to enforce the terms of the equipment order, the prevailing party shall recover attorney's fees in an amount as the court may allow upon trial or appeal. This contract shall be governed by and construed according to the laws of the state of Oregon

Purchaser warrants that all terms listed herein as trade-in equipment to be free and clear of all liens and encumbrances and purchaser further warrants he has authority to surrender this equipment to Copytronix.

FOR CASH TRANSACTIONS ONLY

Title: Title will be passed on to you when your cash transaction is paid in full. Until such time, to secure all of your obligations to us under the agreement, you hereby grant us a security interest in (a) the equipment to the extent of your interests in the equipment., (b) anything attached or added to the equipment at any time, (c) any money or property from the sale of equipment, and (d) any money from an insurance claim if the equipment is lost or damaged. You agree that the security interest will not be affected if the agreement is changed in any way. You hereby appoint us (or our agents) as your true and lawful attorney-in-fact to affix your signature to UCC financing statements prepared and filled on your behalf by us (or our agents) with the same force and effect as if you had signed such financing statements. If we request, you agree to sign financing statements in order for us to publicly record our security interests. This agreement or a copy of this agreement shall be sufficient as a financing statement and may be filled as such. Copytronix requires a minimum of 10% of the total invoice at the time of delivery of the above equipment.

Company:	Cowlitz County Building & Planning	Sales Representative:	Hal
Contact Person:	Traci Jackson	Install At:	Same
Address:	207 4th Ave. North	Customer Phone:	(360) 577-3052
City / State / Zip:	Kelso Wa 98626	Customer Fax:	
Customer Signature / Title	<i>Traci Jackson</i> Department Head Secretary	Accepted by Copytronix	