







**PITNEY BOWES GLOBAL FINANCIAL SERVICES AGREEMENT  
NJPA STATE AND LOCAL TERM RENTAL, Contract #0403012-PIT**

--	--	--	--	--	--	--	--	--	--	--	--

Agreement Number

**Your Business Information**

CITY OF AURORA

Full Legal Name of Customer <b>44 E DOWNER PLACE</b>	DBA Name of Customer <b>AURORA</b>	Tax ID # (FEIN/TIN) <b>IL 60505-3302</b>
---	---------------------------------------	---

Billing Address: Street	City <b>( ) ext</b>	State <b>IL</b>	Zip+4 <b>60505-3302</b>
-------------------------	------------------------	--------------------	----------------------------

Billing Contact Name <b>44 E DOWNER PLACE</b>	Billing Contact Phone # <b>AURORA</b>	Billing CAN # <b>IL 60505-3302</b>
--	--	---------------------------------------

Installation Address (If different from billing address) : Street <b>Charlie Koch</b>	City <b>(630) 256 3561 ext</b>	State <b>IL</b>	Zip+4 <b>60505-3302</b>
--	-----------------------------------	--------------------	----------------------------

Installation Contact Name	Installation Contact Phone #	Installation CAN #
---------------------------	------------------------------	--------------------

Fiscal Period (from - to)	Customer PO #	Delivery CAN #
---------------------------	---------------	----------------

**Your Business Needs**

Qty	Business Solution Description
1	Mail Creation - 1 Relay 4000 Inserting System
1	Relay Localization Kit - US

Check items to be included in customer's payment

- Service Level Agreement  
Tier 2 - Provides Standard SLA plus Training and printhead replacement
- Software Maintenance (additional terms apply) - Provides revision updates & technical assistance
- Soft-Guard® Subscription - Provides postal and carrier updates  
If you do not choose Soft-Guard protection with your lease, you will automatically receive updates at PBI's current rates.
- IntelliLink® Subscription/ Meter Rental - Provides simplified billing and includes postage resets  
( ) Value Based Services  
( ) Purchase Power® credit line
- Permit Mail Payment Service - Allows you to consolidate permit postage with metered postage under one account. As a permit mail user, we need USPS forms 6001, 6002, and 6003, along with the Permit Enrollment form, to activate your Permit Mail Payment service.

**Your Payment Plan**

Number Of Months	Monthly Amount	Billed Quarterly At*
First 60	\$479.22	\$1,437.66

- ( ) Required advance check of \$( ) received
- Tax Exempt# State Tax (If applicable)
- ( ) Tax Exempt Certificate Attached
- ( ) Tax Exempt Certificate Not Required

\*Does not include any applicable taxes.

**Your Signature Below**

**Non-Appropriations.** You warrant that you have funds available to pay all payments until the end of your current fiscal period, and shall use your best efforts to obtain funds to pay all payments in each subsequent fiscal period through the end of your Lease Term. If your appropriation request to your legislative body, or funding authority ("Governing Body") for funds to pay the payments is denied, you may terminate this Lease on the last day of the fiscal period for which funds have been appropriated, upon (i) submission of documentation reasonably satisfactory to us evidencing the Governing Body's denial of an appropriation sufficient to continue this Lease for the next succeeding fiscal period, and (ii) satisfaction of all charges and obligations under this Lease incurred through the end of the fiscal period for which funds have been appropriated, including the return of the Equipment at your expense.

By signing below you agree to be bound by all the terms and conditions of this Agreement, including those located in the NJPA Contract Number 043012-PIT, effective date July 11, 2012 which are available at [www.pb.com/states/njpa](http://www.pb.com/states/njpa) and are incorporated by reference. The lease will be binding on PBGFS only after PBGFS has completed its credit and documentation approval process and an authorized PBGFS employee signs below.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_ Email Address **ckoch@aurora-il.org**

**Sales Information**

Kathryn Brockman \_\_\_\_\_ 014 \_\_\_\_\_  
Account Rep Name District Office PBGFS Acceptance *Salvatore Portia*