

Region 4 ESC & National IPA Members MEMBER NUMBER: _____		LEASE WITH MAINTENANCE SUPPLEMENT		
		TOSHIBA		
		SUPPLEMENT NUMBER	APPLICATION NUMBER	AGREEMENT NUMBER
CUSTOMER CONTACT INFORMATION				
Legal Company Name:		Fed. Tax ID#:		
Contact Person:		Bill-To Phone:	Bill-To Fax:	
Billing Address:		City, State - Zip:		
Equipment Location: (if different than above)		City, State - Zip:		
TABS LOCATION				
Contact Name:		Location:		
EQUIPMENT DESCRIPTION				
ITEM DESCRIPTION	MODEL NO.	SERIAL NO.	STARTING METER	
<input type="checkbox"/> See attached form (Schedule "A") for Additional Equipment <input type="checkbox"/> See attached form (Billing Schedule) for Additional Equipment/Payment Schedule				
EQUIPMENT REMOVED FROM ABOVE-REFERENCED AGREEMENT AND/OR PREVIOUS SUPPLEMENT(S), AS APPLICABLE				
ITEM DESCRIPTION	MODEL NO.	SERIAL NO.	ENDING METER	
TERM (Complete One Term Option)				
Mos. Standalone – Term applies to this Supplement only.				
Mos. Coterminous – The end of term of this Supplement shall coincide with the end of term set forth in the above-referenced Agreement and/or previous supplement(s), as applicable.				
PAYMENT (Complete One Payment Option) (Note: The lease contract payment period is monthly unless otherwise indicated.)				
Payment Amount*: \$		(amounts due under this Supplement only).	*plus applicable taxes	Origination Fee: Up to \$99.00
Consolidated Payment Amount*: \$		(amounts due under this Supplement, the above-referenced Agreement, and/or previous supplement(s), as applicable).		
ALLOWANCES & EXCESS IMAGES (Select One Option) (Note: If no box is checked, then Allowances and Excess Images shall apply to the Equipment on this Supplement only.)				
<input type="checkbox"/> Amounts apply to the Equipment on this Supplement only.	B&W Images Included		Excess B&W Images billed at*: \$	
<input type="checkbox"/> Amounts apply to the Equipment on this Supplement, together with the Equipment listed on the above-referenced Agreement and/or previous supplement(s), as applicable.	Color Images Included		Excess Color Images billed at*: \$	
	Scan Images Included		Excess Scan Images billed at*: \$	
Excess Images billed: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	B&W Print Images Included		Excess B&W Print Images billed at*: \$	
	Color Print Images Included		Excess Color Print Images billed at*: \$	
LESSOR ACCEPTANCE				
Toshiba America Business Solutions, Inc.		Signature:	Title:	Date:
CUSTOMER ACCEPTANCE				
This is a Supplement to the above-referenced Agreement between Lessor and Customer, all the terms and conditions of which are incorporated herein by reference. Upon the execution of this Supplement, Customer hereby agrees to lease from Lessor the Equipment described above. By signing below, Customer certifies that it has reviewed and does agree to all terms and conditions of the Agreement and this Supplement. The Equipment and terms of this Supplement are in addition to the Equipment and terms stated in the Agreement. In the event there is a conflict between the terms of the Agreement and the terms of this Supplement, the terms of this Supplement shall prevail.				
Name:		Signature: X	Title:	Date: