

Region 4 ESC & National IPA Members MEMBER NUMBER: _____	FMV LEASE SUPPLEMENT		
	<div>TOSHIBA</div>		
	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.
<input type="checkbox"/> See attached form (Schedule "A") for Additional Equipment		

EQUIPMENT REMOVED FROM ABOVE-REFERENCED AGREEMENT AND/OR PREVIOUS SUPPLEMENT(S), AS APPLICABLE		
ITEM DESCRIPTION	MODEL NO.	SERIAL NO.

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 (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

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: