

Rental Agreement Co-Terminous Addendum

CUSTOMER INFORMATION

Full Legal Name Kittitas County
 City Ellensburg County Kittitas State WA Zip Code 98926
 Phone 509.962.7525 Fax _____ DBA Name (if Any) _____
 Billing Address 205 W 5th Ave, Ellensburg, WA 98926

A. INDIVIDUAL METER OPTION

Make/Model/Accessories	Serial#	Base Monthly Rental	Monthly Print Allowance	Cost-Per-Copy Over Monthly Allowance
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

B. EQUIPMENT ADDED WITH CONSOLIDATED BILLING OPTION

Make/Model/Accessories	Serial#	Make/Model/Accessories	Serial#
1. <u>(1) Sharp MX-M465N B&W System</u>	_____	3. _____	_____
2. _____	_____	4. _____	_____

ALL UNITS LISTED ABOVE ARE CONSOLIDATED UNDER THIS PLAN BILLING PREFERENCE
☐ Consolidated units with individual meter option above on one invoice
☐ Consolidated units separate from individual meter option above
☐ Service only **FOR ADDITIONAL UNITS ATTACH SIGNED EQUIPMENT SCHEDULE**

Base Monthly Rental	Monthly Print Allowance	Cost-Per-Copy Over Monthly Allowance	Meter Reading Frequency
<u>\$202.20</u>	<u>0</u>	<u>\$0.0099 B&W</u>	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Copies <input type="checkbox"/> Scans <input checked="" type="checkbox"/> Prints <input type="checkbox"/> Pages

C. EQUIPMENT ADDED WITH CONSOLIDATED BILLING OPTION

Make/Model/Accessories	Serial#	Make/Model/Accessories	Serial#
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

ALL UNITS LISTED ABOVE ARE CONSOLIDATED UNDER THIS PLAN BILLING PREFERENCE
☐ Consolidated units with individual meter option above on one invoice
☐ Consolidated units separate from individual meter option above
☐ Service only **FOR ADDITIONAL UNITS ATTACH SIGNED EQUIPMENT SCHEDULE**

Base Monthly Rental	Monthly Print Allowance	Cost-Per-Copy Over Monthly Allowance	Meter Reading Frequency
_____	_____	_____	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Copies <input type="checkbox"/> Scans <input type="checkbox"/> Prints <input type="checkbox"/> Pages

D. EQUIPMENT ADDED WITH CONSOLIDATED BILLING OPTION

Make/Model/Accessories	Serial#	Make/Model/Accessories	Serial#
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

ALL UNITS LISTED ABOVE ARE CONSOLIDATED UNDER THIS PLAN BILLING PREFERENCE
☐ Consolidated units with individual meter option above on one invoice
☐ Consolidated units separate from individual meter option above
☐ Service only **FOR ADDITIONAL UNITS ATTACH SIGNED EQUIPMENT SCHEDULE**

Base Monthly Rental	Monthly Print Allowance	Cost-Per-Copy Over Monthly Allowance	Meter Reading Frequency
_____	_____	_____	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Copies <input type="checkbox"/> Scans <input type="checkbox"/> Prints <input type="checkbox"/> Pages

TERM

58 Mo. Balance of remaining original term,
 (Termination date of the Addendum coincides with the termination date set forth in the Rental Agreement.)

ACCEPTANCE OF DELIVERY

YOU HEREBY ACKNOWLEDGE THAT THE EQUIPMENT SET FORTH ABOVE HAS BEEN RECEIVED, HAS BEEN PUT IN USE, IS IN GOOD WORKING ORDER AND IS SATISFACTORY AND ACCEPTABLE.

INITIAL METER READING: UNIT 1: _____ UNIT 2: _____ UNIT 3: _____

Signature: _____ Date: _____

Print Name: _____ For: _____

CUSTOMER SIGNATURE

The undersigned hereby agrees to the terms and conditions of this Rental Agreement Co-Terminous Addendum, including the terms and conditions set forth on the reverse hereof.

Signature: _____ Date: _____

Print Name: _____ For: _____

RECEIVED
AUG 02 2016
**KITTITAS COUNTY SHERIFF
ACCOUNTING**

OWNER ACCEPTANCE*

Signature: _____

Date: _____

Print Name: _____

For: _____

TERMS AND CONDITIONS

1. You have requested this Addendum to the Rental Agreement as set forth above. You agree that this Addendum is supplemental to the Rental Agreement and except for the specific provisions set forth above and herein, this Addendum shall be subject to the terms and conditions set forth in the original Rental Agreement.
2. The amount of each additional monthly payment and/or revised monthly payment ("Additional/Revised Payment") is based on the supplier's best estimate of the cost of the additional equipment described above ("Additional Equipment") including (if applicable) installation and other related costs and the estimated sales or use tax. The Additional/Revised Payment will be adjusted proportionately upward or downward, if the actual total cost of the Additional Equipment or sales or use tax is more or less than the estimate and in that event, you authorize us to adjust the Additional/Revised Payment by up to fifteen percent (15%).
3. If we have not accepted this Addendum within 30 days from the date your credit was approved by us, you authorize us to reduce the number and increase the amount of Additional/Revised Payment to be made by you to maintain the rate of return reflected by the above-described payment schedule and to reflect that the termination date of this Addendum coincides with the termination date of the Rental Agreement.
4. If we have not accepted this Addendum within 30 days from the date your credit was approved by us, you further authorize us to increase the Additional/Revised Payment to increase the implicit rate of the Additional/Revised Payment to us in an amount equal to any increase in the rate of two year Treasury Notes, from the date your credit was approved to the date we accept this Addendum.
5. You also agree to pay a fee of \$69.95 to reimburse our documentation costs.
6. You agree that we may combine the Additional/Revised Payment and sales tax with the current Rental Payment and invoice you for the combined payment.

GUARANTY

To induce Owner to enter into this Co-Terminous Addendum, the undersigned unconditionally guarantees the prompt payment of all the User's obligations under the Co-Terminous Addendum. Owner is not required to proceed against the User of the Equipment or to enforce other remedies before proceeding against the undersigned. The undersigned waives notice of acceptance and all other notices of demand of any kind which the undersigned may be entitled. The undersigned consents to any extensions or modifications granted to the User and the release and/or compromise of any obligations of the User or any other guarantors without releasing the undersigned from his or her obligations. This is a continuing guaranty and will remain in effect in the event of the death of the undersigned and will bind the heirs, administrators, representatives, successors and assigns of the undersigned and may be enforced by or for the benefit of any assignee or successor of Owner. This guaranty is governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania

Signature _____

Signature _____

Print Name _____

Print Name _____

Address _____

Address _____

Social Security No. _____

Social Security No. _____

Phone No. _____

Phone No. _____

Customer Initials _____

RECEIVED**AUG 02 2016****KITTITAS COUNTY SHERIFF
ACCOUNTING**

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