



**OFF22 Multi-State Postage and Mail Processing Equipment, Accessories, Services and Supplies  
Equipment Confirmation Form**

This form **must** be used and attached to each equipment **lease, purchase, service or rental** encumbrance document to confirm the selection of equipment covered under the Statewide Contract Number OFF22 on file at OSD. All of the terms and conditions of the Statewide Contract, OFF22 are incorporated herein and made a part hereof. Conflicting or additional terms, conditions or agreements included in or attached to this form, which conflict with the terms of the OFF22 Statewide Contract shall be considered to be superseded and void. Eligible Entities are only required to sign this confirmation form. This form is **optional** for all supply **purchases**.

**Participating State Contract**

**Number:** \_\_\_\_\_  
**Purchase Order/Encumbrance Number:** \_\_\_\_\_ **Fiscal Year:** \_\_\_\_\_

Eligible Entity:		Contractor Lease Name:	
Contact Person:		Contractor Purchase, Service or Meter Head Name:	
Phone:		Contact Person:	
E-Mail:		Phone:	
Fax:		E-Mail:	
Entity Billing Address:		Contractor Lease Remit Address:	Contractor Purchase, Service or Meter Head Remit Address:
Contact: _____ Phone: _____		Lease FEIN/Vendor Code Number #	Purchase, Service or Meter Head FEIN/Vendor Code Number #
Delivery Address: (If different from Billing Address Above) (Multiple Address and Contact Information Entity must attached the appropriate information to the form)		<input type="checkbox"/> Term Lease # Months _____ <input type="checkbox"/> Meter Head Term Lease # Months _____ <input type="checkbox"/> Rental (Not to exceed 6 months) <input type="checkbox"/> Purchase (Optional)	
Check off the applicable box for equipment type and Maintenance Plan and number of years after warranty period: <input type="checkbox"/> New Equipment <input type="checkbox"/> Predecessor Maintenance  Service Term after Warranty Period: <input checked="" type="checkbox"/> Warranty <input type="checkbox"/> 2 <sup>nd</sup> Year <input type="checkbox"/> 3 <sup>rd</sup> Year <input type="checkbox"/> 4 <sup>th</sup> Year <input type="checkbox"/> 5 <sup>th</sup> Year  <input type="checkbox"/> Plan A Yearly Service with applicable response time <input type="checkbox"/> 4 Hour <input type="checkbox"/> 8 Hour <input type="checkbox"/> 12 Hour <input type="checkbox"/> 24 Hour  <input type="checkbox"/> Plan B Time and Material with applicable response time <input type="checkbox"/> 4 Hour <input type="checkbox"/> 8 Hour <input type="checkbox"/> 12 Hour <input type="checkbox"/> 24 Hour		Check off the applicable box for equipment sub-category: <input type="checkbox"/> Category 1 <input type="checkbox"/> 2A <input type="checkbox"/> 2B <input type="checkbox"/> 2C <input type="checkbox"/> 2D <input type="checkbox"/> 2E <input type="checkbox"/> 2F <input type="checkbox"/> 2G <input type="checkbox"/> 2H  Purchase, Lease and Service Billing Options: (Billed in advance unless indicated in arrears below.) <b>Term Lease</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Yearly <input type="checkbox"/> Arrears  <b>Rental</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Arrears  <b>Service Plan A</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Yearly <input type="checkbox"/> Arrears	

**NOTE: Contractors are required to include one (1) month worth of complete supplies necessary to operate each piece of equipment based upon the monthly volumes indicated within the OFF22 terms and conditions upon installation and training.**

Equipment Model Number	Equipment/Accessory Description (E.G. Digital Postage Equipment)	Quantity	Purchase Price Or Monthly Lease Or Rental Equipment Cost	Number Of Lease Or Rental Months	Trade-In Value	Net Total Lease, Purchase Or Rental Equipment Costs	Annual Service Plan Selected With Applicable Net Rate Per Unit/Each After Warranty	Net Total Cost For Service
			\$		\$	\$	\$	\$
			\$		\$	\$	\$	\$
			\$		\$	\$	\$	\$
			\$		\$	\$	\$	\$
			\$		\$	\$	\$	\$
<b>GRAND TOTAL</b>							\$	

Special Instructions/Additional Information (e.g. equipment model traded, software license information, lease document information for contractor tracking purposes only, supplies exchanged):

**Eligible Entity and Contractor signatures below acknowledge ONLY that the equipment order has been placed pending delivery, installation, start-up supplies and training.**

**ELIGIBLE ENTITY:**

X: \_\_\_\_\_  
(Signature)

NAME: \_\_\_\_\_  
(Print)

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**CONTRACTOR:**

X \_\_\_\_\_  
(Signature)

NAME: \_\_\_\_\_  
(Print)

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Eligible Entity and Contractor signatures below acknowledge completion of the four (4) items below to the Eligible Entities satisfaction in addition to the payment start and termination dates.**

Eligible Entity must check off all four (4) items below acknowledging completion prior to final approval.

- 1) Equipment delivered undamaged from the Contractor.
- 2) Received one (1) complete set of supplies based upon the monthly volumes within the OFF22 terms and conditions.
- 3) Equipment is installed and operational.
- 4) Received initial satisfactory training from the Contractor.

Lease, Rental or Purchase payment terms do not begin until the appropriate items above have been approved by the Eligible Entity.

<b>Payment Start Date of this Lease, Purchase or Rental Agreement:</b> Month _____ Day _____ Year _____	<b>Payment Termination Date of this Lease, Purchase or Rental Agreement</b> Month _____ Day _____ Year _____
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**ELIGIBLE ENTITY:**

X: \_\_\_\_\_  
(Signature)

NAME: \_\_\_\_\_  
(Print)

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**CONTRACTOR:**

X: \_\_\_\_\_  
(Signature)

NAME: \_\_\_\_\_  
(Print)

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

Form Revision Date: April 17, 2008