



2015 Ogden Avenue
Suite 400
Lisle, IL 60532

PLEASE DO NOT PRINT DOUBLED SIDED

March 11, 2025

Greg Harris
Roselle School District No. 12
100 E. Walnut Street
Roselle, IL 60172

Dear Greg:

Thank you for choosing American Capital for your equipment leasing needs. Please have the appropriate officer sign the following documents and return all originally signed documents to my attention:

- **Equipment Schedule J – 2 copies**
- **Non Appropriation Statement**
- **Invoice for 1st payment**

Per the terms of our Lease, please send an Insurance Certificate covering all of the equipment on this lease, naming American Capital Financial Services, Inc. and/or its Assign's as additional insured and loss payee. Information regarding the required insurance coverage is included in this package.

Thank you for your prompt attention. If you have any questions, please do not hesitate to call.

Sincerely,

Suzanne Otto
630-512-0066 x 130
sotto@amcapfinance.com

INVOICE

Date	Contract #
3/11/2025	2025052069

Date _____

Contract #

3/11/2025

2025052069

Roselle School District No. 12

100 E. Walnut Street

Roselle, IL 60172

Roselle, IL 60172

Terms
Due on or Before 7/1/2025

Due on or Before 7/1/2025

DESCRIPTION		AMOUNT
Schedule J Ref. No. 2025052069 (250) Lenovo 300e Chromebook + Warranty		\$22,931.80
PAYMENT DUE ON OR BEFORE JULY 1, 2025		
TOTAL		\$22,931.80

American Capital Financial Services, Inc.

***Schedule J Ref. No. 2025052069 pursuant to Master Lease Agreement No. 2024209222 between
American Capital Financial Services, Inc. ("Lessor") and
Roselle School District No. 12 ("Lessee")
Dated May 23, 2024 ("Master Lease")***

This is Counterpart #1 of 2 serially numbered, manually executed counterparts. To the extent that this document constitutes chattel paper under the Uniform Commercial Code, no security interest in this document may be created through the transfer and possession of any counterpart other than Counterpart # 1.

THIS SCHEDULE IS EXECUTED PURSUANT TO THE TERMS OF THE ABOVE REFERENCED MASTER LEASE, THE TERMS AND CONDITIONS OF WHICH ARE DEEMED INCORPORATED HEREIN BY REFERENCE. LESSEE HEREBY AGREES TO LEASE THE BELOW-DESCRIBED EQUIPMENT (HEREINAFTER CALLED THE "EQUIPMENT") FROM LESSOR, ITS SUCCESSORS OR ASSIGNEES. LESSOR, UPON ACCEPTING THIS LEASE, AGREES TO LEASE THE EQUIPMENT TO LESSEE ON THE TERMS SET FORTH IN THIS SCHEDULE.

THIS EQUIPMENT SCHEDULE, INCLUDING THE TERMS AND CONDITIONS OF THE MASTER LEASE INCORPORATED HEREIN BY REFERENCE, SHALL BE DEEMED A SEPARATE INSTRUMENT OF LEASE.

EXECUTION OF THIS SCHEDULE BY LESSEE CONSTITUTES A WARRANTY BY LESSEE AS TO THE ACCURACY OF THE EQUIPMENT DESCRIPTION BELOW INCLUDING QUANTITY, MANUFACTURER, MACHINE, MODEL/FEATURE, SERIAL NUMBERS (IF EXISTENT) AND DESCRIPTION.

1. Equipment:

<u>Qty</u>	<u>Manuf</u>	<u>Model/ Feature</u>	<u>Serial Number</u>	<u>Description</u>	<u>Base Periodic Rent per item</u>	<u>Total Base Periodic Rent</u>
250	Lenovo	300e		Chromebook Gen 4 to Include: Google Chrome Management Perpetual EDU License, Trafera White Glove Service, Asset Tags, Updated Chrome OS, MAC Addresses, Trafera Green Packaging, TRAILS Digital Lesson Library	\$72.70	\$18,176.06
250	Trafera			CBN Warryanty – Plat- 4 Yr		\$4,755.74
TOTAL BASE PERIOD RENT						\$22,931.80

2. Equipment Location: 500 S Park Street
Roselle, IL 60172

3. Rental Payment Period: annual Due 7/1/25, 7/1/26, 7/1/27, 7/1/28

4. Base Term: 4 – annual **Rental Payment Periods (total of 48 months)**

5. **Payments:** All payment required hereunder must be received on or before the payment due date by the party and at the address designed below in immediately available funds or to such other party and address as directed by Lessor or its assignee in writing (which writing Lessee may absolutely rely upon):

American Capital Financial Services, Inc.
2015 Ogden Avenue, Suite #400
Lisle, IL 60532

6. **Organizational Information of Lessee:**

Type of entity:	School District
State of Organization:	Illinois
Federal Tax ID Number:	36-6004483

7. **Additional Provisions:** If there are no Additional Provisions to the Lease please check here:
If there are Additional Provisions including amendments to the Master Lease Agreement as related to this Schedule, please attach and/or describe here:

(a) Notwithstanding the terms and conditions in the Master Lease Agreement dated May 23, 2024, rental payments will be made annually beginning with the first annual payment due on or before July 1, 2025 and continues each July 1st thereafter for the term of this Schedule J Ref. No. 2025052069.

(b) Notwithstanding any provisions of the Master Lease Agreement dated May 23, 2024 to the contrary and provided Lessee has not been in default on any of the terms and conditions of this lease, Lessee may exercise the option to purchase all of the equipment in this Schedule J Ref No. 2025052069 for Fair Market Value after termination.

THIS SCHEDULE TOGETHER WITH THE MASTER LEASE AND ANY ADDITIONAL PROVISION (S) REFERRED TO IN SECTION 7 HEREIN ABOVE CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE PARTIES AS TO THE LEASE AND EQUIPMENT. THIS LEASE CONSTITUTES AN OFFER BY LESSEE TO LEASE FROM LESSOR AND SUCH OFFER MAY NOT BE REVOKED EXCEPT BY THE WRITTEN CONSENT OF LESSOR. THIS LEASE SHALL BE DEEMED TO HAVE BEEN ACCEPTED BY LESSOR ONLY UPON ITS EXECUTION HEREOF IN ITS OFFICE IN ILLINOIS.

LESSOR:

American Capital Financial Services, Inc.

By: _____
Print Name: _____
Title: _____
Date: _____

LESSEE:

Roselle School District No. 12

By: _____
Print Name: Gregory Harris
Title: Assistant Superintendent
Date: _____

American Capital Financial Services, Inc.

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LESSOR:

American Capital Financial Services, Inc.

By: _____
Print Name: _____
Title: _____
Date: _____

LESSEE:

Roselle School District No. 12

By: _____
Print Name: Gregory Harris
Title: Assistant Superintendent
Date: _____

American Capital Financial Services, Inc.

NONAPPROPRIATION OF FUNDS

Pursuant to **Schedule J Ref No. 202052069** to Master Lease Agreement dated as of May 23, 2024 between American Capital Financial Services, Inc. ("Lessor"), and the undersigned ("Lessee"), Lessee hereby certifies (i) that Roselle School District No. 12 has never Nonappropriated Funds.

LESSEE:	Roselle School District No. 12
By:	<hr/>
Print Name:	<u>Gregory Harris</u>
Title:	<u>Assistant Superintendent</u>
Date:	<hr/>

American Capital Financial Services, Inc.

2015 Ogden Ave., Suite 400, Lisle, IL 60532

Ph: 630-512-0066 Fax: 630-512-0070

INSURANCE COVERAGE

Pursuant to Section 13 of the Master Lease Agreement, it is required that insurance coverage be maintained and updated throughout the term of the lease. PRIOR to paying the Vendor(s), an original Certificate of Insurance must be provided to American Capital Financial Services, Inc. with the following information.

TO: LESSEE'S INSURANCE AGENT

Name of Agency:	
Agent Contact:	
Address:	
Phone:	
Fax:	

2) Insurance Company - The full name of the company who holds the coverage.

3) Insured Name - Lessee Name and Address.

4) Property Damage Coverage -

- a) "All Risk" Physical Damage Insurance
 - b) Include: Policy Number, Effective Date and Expiration Date
 - c) American Capital Financial Services, Inc. and/or its Assigns named "Loss Payee"
 - d) Endorsement giving 30 days written notice to American Capital Financial Services, Inc. of any changes or cancellation.
- LIMITS: The full replacement value of the equipment.

5) General Liability Coverage -

- a) Include: Policy Number, Effective Date and Expiration Date
- b) American Capital Financial Services, Inc. and/or its Assigns named "Additional Insured"
- c) Endorsement giving 30 days written notice to American Capital Financial Services, Inc. of any changes or cancellation.
- d) LIMITS: Bodily Injury - \$1,000,000.00 per occurrence
Property Damage - \$250,000.00 per occurrence
Combined Single Limit - \$1,000,000.00 per occurrence
- e) Include: Product and/or completed operations, and blanket contractual liability.

6) The Certificate Holder should be named as follows:

Name: American Capital Financial Services, Inc. and/or its Assigns

Address: 2015 Ogden Avenue - Suite 400, Lisle, IL 60532

ACKNOWLEDGED AND AGREED:

BY: _____

DATE: _____

TITLE: Assistant Superintendent