

Midwest Mailing & Shipping Systems, Inc.

AGREEMENT

B I L L T O	NAME Mclean County District Unit 5	D E L I V E R T O	NAME
	ADDRESS 1809 Hovey Ave		ADDRESS
	CITY COUNTY STATE ZIP Normal Mclean IL 61761		CITY COUNTY STATE ZIP
DELIVERY DATE		PAYMENT ATTACHED	
CUSTOMER ORDER NO. AND DATE		TERMS	
		NET 30 DAYS	
		TAX EXEMPT	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Purchase <input checked="" type="checkbox"/> Rental	
PLEASE MAKE ALL CHECKS PAYABLE TO Midwest Mailing & Shipping systems, Inc.			

Purchaser agrees to terms and **M.M.S.S., Inc.** by its acceptance agrees to furnish the equipment listed below ("Equipment"):

QTY.	UNIT PRICE	EXTENDED	PRODUCT CODE	SERIAL NO.	DESCRIPTION - OTHER INSTRUCTIONS
33	\$130.00				34 month noncancelable rental
					IN 700DS, 30# Scale, Sealer, Auto Feed
					Billed Quarterly at \$390.00

ADDITIONAL TERMS AND CONDITIONS: Purchaser acknowledges he has read, understands and accepts the terms and conditions on the reverse, including the limitations of liability.

PURCHASER

COMPANY Mclean County District Unit 5

BY /
(NAME AND TITLE OF AUTHORIZED AGENT)

(PRINT OR TYPE NAME AND TITLE)

TELEPHONE _____ EXTENSION _____

DATE _____

M.M.S.S., Inc.

BY _____
(NAME AND TITLE)

(PRINT OR TYPE NAME AND TITLE)

DATE _____