

THE CORPORATION OF THE CITY OF PETERBOROUGH

BY-LAW NUMBER 06-162

**BEING A BY-LAW TO AUTHORIZE THE EXECUTION OF A
CONTRACT BETWEEN THE CORPORATION OF THE CITY OF
PETERBOROUGH AND PITNEY BOWES OF CANADA (P17-06)**

THE CORPORATION OF THE CITY OF PETERBOROUGH BY THE COUNCIL
THEREOF HEREBY ENACTS AS FOLLOWS:

1. That the Mayor and Clerk be authorized to execute a contract between the Corporation of the City of Peterborough and Pitney Bowes of Canada in the form attached hereby as Schedule "A", and to affix the Seal of the Corporation thereto.

By-law read a first, second and third time this 2nd day of October 2006.

(Sgd.) Sylvia Sutherland, Mayor

(Sgd.) Nancy Wright-Laking, City Clerk

CONTRACT NUMBER

PITNEY BOWES CANADA CUSTOMER NO. PITNEY BOWES GLOBAL CREDIT SERVICES CUSTOMER NO. AGREEMENT NO. **8415713**

Your Business Information

FULL LEGAL NAME City of Peterborough.		BTA NAME Provincial Offences Office.	
BILLING ADDRESS 500 George St. North		CITY Peterborough	PROV. POSTAL CODE ON K9H3R9
CONTACT NAME Linda Ross		PHONE NO. 705.742.7777 ext. 1855	FAX NO. 705.876.4615
EQUIPMENT LOCATION 99 Simcoe St.		CITY Peterborough	PROV. POSTAL CODE ON
CUSTOMER P.O. NO.	TYPE OF BUSINESS	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP	YEARS IN BUSINESS
		<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> NON PROFIT	
E-MAIL ADDRESS		WEB SITE ADDRESS	
BANK NAME & BRANCH ADDRESS		BRANCH PHONE NO.	ACCOUNT NO.
NAME OF PRINCIPAL	SOCIAL INSURANCE NUMBER / D.O.B.	BANK / ACCOUNT NO. / PHONE NO.	

Pre-Authorized Payment Plan

We are hereby authorized to periodically draw payment under the Pre-Authorized Payment Plan from the bank account specified in the bank information section above and/or as outlined on the attached voided cheque to cover periodic payments and other amounts due hereunder.

AUTHORIZED CHEQUE SIGNER(S) _____ TITLE _____

A VOIDED CHEQUE IS ATTACHED

Manual Processing: You acknowledge that a surcharge, not to exceed \$5.00, will be added to each Total Periodic Payment to cover billing and handling expenses. You may avoid the surcharge by completing the Pre-Authorized Payment section above.

LEASE (L) SALE (S) RENTAL (R) SERVICE ADDENDUM A FORM CONTINUATION

Your Business Needs

QTY	PRODUCT CODE	SERIAL NO.	ACT CODE (L/S/R)	EQUIPMENT/PRODUCT DESCRIPTION	SERVICE (Cust Initials)		MONTHLY SERVICE COST
					Y	N	
1	DMS1		L	DM100i	✓		x
				- Sealer	✓		
				- Accounting	✓		
				- Scale	✓		
				- Rates	✓		
				- Meter	✓		

Your Payment Plan

INITIAL TERM (IN MONTHS) **60** BILLING PERIOD: QUARTERLY OTHER _____
INITIAL PAYMENT CHEQUE \$ _____ TAX EXEMPTION (attach certificate)

NO. OF PAYMENTS	EQUIPMENT RENTAL AMOUNT	*INTELLILINK CONTROL CENTRE RENTAL AMOUNT	*CSP AMOUNT	TOTAL PERIODIC PAYMENT (TAXES EXTRA)
20	122.28	94.50		216.78
4	0	0	0	0
16	122.28	94.50		216.78

SHIPPING & HANDLING FEE	Included
INSTALLATION FEE	Included
SUB-TOTAL	
GST/HST	
PST	
QST	
TOTAL	

*The IntelliLink™ Control Centre Rental Amount and the Comprehensive Service Plan (CSP) Amount shown above will remain in effect for the first 12 months of the initial Lease/Rental Term. Thereafter, such amounts may be increased by us in accordance with the Lease/Rental terms and conditions and the CSP Agreement.

GST # 10421 2717 RT0002 / QST # 100087617

Other Requirements

(billed separately)

MAILING

ANNUAL SERVICE AMOUNT \$ N/A

MINIMUM CYCLE COMMITMENT PER MONTH \$ 0

EXCEEDING CYCLE COUNTS (billed in arrears) OVERAGE @ \$ 0 PER CYCLE

IntelliLink™ RATING DOWNLOADS PACKAGE INCLUDED: YES NO X Initials

RESET CHARGE \$ 0

WAIVED for term FACSIMILE

ANNUAL SERVICE AMOUNT \$ _____

COPIER

STANDARD COPIER SERVICE SERVICE CODE _____

BILLED MONTHLY QUARTERLY ANNUALLY

MINIMUM COPY COMMITMENT PER BILLING PERIOD: _____

MINIMUM COPY COMMITMENT COST: \$ _____

OVERAGE @ \$ _____ PER COPY (billed separately)

BLOCK COPIER SERVICE SERVICE CODE _____

MAXIMUM COPIES PER BLOCK (or 12 months, whichever comes first) _____ NUMBER OF BLOCKS (max. of 3 on lease) _____

INCLUDED IN RENTAL AMOUNT? YES NO COST PER BLOCK \$ _____

CREDIT CARD PAYMENT (purchase and rental only) VISA CARD NO. _____ EXPIRY DATE _____
 MASTERCARD _____

ITEMS TO BE CHARGED TO CARD SALE CYCLICAL RENTAL(S) CSP

CARDHOLDER NAME _____ SIGNATURE _____

3 PART SALE PAYMENT (3 cheques submitted)

Your Acknowledgements

Your signature below constitutes an offer to Lease/Rent/Purchase (as applicable) the Equipment/Product that you have selected and, if applicable, to purchase the services indicated above. Your signature also acknowledges that you have read and agree to all applicable terms and conditions and are authorized to sign this Agreement. This Agreement will become binding on us only after it is signed by our authorized representative.

Personal information is collected in accordance with the provisions of the Pitney Bowes Privacy Policy. A copy of that Policy can be obtained at www.pitneybowes.ca
From time to time Pitney Bowes provides its customers with information about other products or services which it offers and which it believes will be of interest to its customers.

If the customer does not want to receive information about other products or services which Pitney Bowes offers, please indicate by checking this box.

PB REPRESENTATIVE Joe May

EMP. NO. 1177 BRANCH 409

ACCEPTED BY _____

ACCEPTED BY DATE _____

CUSTOMER SIGNATURE (X)

PRINT NAME (X)

TITLE (Y)

DATE (X)

LEASE START DATE
(PITNEY BOWES GLOBAL CREDIT SERVICES HEAD OFFICE USE ONLY)

ADVANCE POSTAGE ACCOUNT COPY

CUSTOMER NAME _____

AGREEMENT NO.

8415713

CHEQUE AMOUNT _____

To set your Postage By Phone System, you must have advance postage account. To establish your account:
1. Make out a cheque payable to Postage By Phone System for an amount equal to at least one reset increment, plus GST, HST and QST where applicable.