

EXHIBIT 6 – CANON EQUIPMENT LEASE AND RENTAL FORM
STATE OF COLORADO
EQUIPMENT LEASE AND RENTAL FORM

Canon Financial Services, Inc.
14904 Collections Center Drive
Chicago, Illinois 60693

NASPO ValuePoint Master Agreement Number: 140595
State of Colorado Price Agreement Number: 160002

CUSTOMER INFORMATION	Full Legal Name HUERFANO COUNTY ADMINISTRATION					Phone Number (719) 738-1040				
	Billing Address 401 MAIN STREET					Purchase Order/Requisition Number:				
	City WALSENBURG		State CO		Zip 81089		Send Invoice to Attention of: Kim Trujillo			
EQUIPMENT INFORMATION	Quantity	Equipment Make	Model No.	Serial Number	Description w/Accessories (attach Schedule if necessary)					
	1	Canon	IR DX C5860i		imageRUNNER ADVANCE DX C5860i					
					Cassette Feeding Unit, Super G3 Fax					
					Booklet Folding Finisher, Buffer Pass					
	Equipment Location (if different than billing) FINANCE OFFICE									
Term: 60		<input checked="" type="checkbox"/> New <input type="checkbox"/> Coterminous		If Coterminous, Original Purchase Order/Req Number: _____						
Lease or Rental Type:		<input checked="" type="checkbox"/> Operational Lease <input type="checkbox"/> Cancellable Rental								
Does this Lease include an upgrade/downgrade?				<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Amount: \$ _____ (Attach Schedule with Equipment information)				
PAYMENT INFORMATION	Term in Months	Equipment Payment	PLUS	Maintenance Payment	EQUALS	Total	B&W Impressions		Color Impressions	
						Payment	Monthly Copy Allowance	Overage Rate	Monthly Copy Allowance	Overage Rate
	60	\$276.61		\$0.00		\$276.61	0	\$0.0000	0	\$0.0000
<input type="checkbox"/> Canon USA, Inc. Leasing and Rental information, including Terms & Conditions, are in the State of Colorado Price Agreement. <input type="checkbox"/> The State of Colorado Central Services user fee of \$.0010 per impression will be billed separately.										
AUTHORIZED CUSTOMER SIGNATURE	John Galusha Printed Name					ACCEPTED BY CANON FINANCIAL SERVICES, INC.	_____			
	Chair, Board of County Commissioners Title						_____			
	_____ Signature						_____			
	_____ Date						_____			

Send Payments to:
Canon Financial Services, Inc.
14904 Collections Center Drive
Chicago, IL 60693