



Postage Meter Rental Agreement

Section (A) Office Information

Office Number	Office Name	Phone Number	Date
6760	Office Enterprises	(715) 358-1234	04/07/2025

Section (B) Billing Information

City of Mackinac Island		
Company Name (Full Legal Name)		
DBA		
7358 Market Street		
Mailing Address		
Mackinac Island	MI	49757
City	State	Zip Code + 4
Danielle Leach	City Clerk	
Contact Name	Contact Title	
clerk@cityofmi.org		
Email Address		
(906) 847-3702		
Phone Number	Fax Number	

Section (C) Installation Information (if different from billing information)

City of Mackinac Island		
Company Name (Full Legal Name)		
7358 Market Street		
Installation Address (No PO Boxes)		
Mackinac Island	MI	49757
City	State	Zip Code + 4
Danielle Leach		
Contact Name		
clerk@cityofmi.org		
Email Address		
(906) 847-3702		
Phone Number	Fax Number	
Mackinac Island	49757	
Main Post Office	Post Office Zip Code + 4	

Section (D) Postage Meter Rental/Services and Payment/Funding Information

Monthly Meter Rental Payments: \$40.00 for 36 months	Meter Model IX3A1	Machine Model IX3WP5
Payment Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input checked="" type="checkbox"/> Annually	Service Products (check all that apply)	
<input checked="" type="checkbox"/> Tax Exempt (attach Exemption Certificate) <input type="checkbox"/> Mail me a rental invoice <input type="checkbox"/> Bill my NeoFunds postage account <input type="checkbox"/> Bill my credit card (customer to submit authorization form) <input type="checkbox"/> ACH Direct Debit (customer to submit authorization form)	<input checked="" type="checkbox"/> Online Postal Rates iMeter™ App (SP10) <input type="checkbox"/> Online Postal Expense Manager iMeter™ App (SP20/NeoStats) <input type="checkbox"/> Online E-Services iMeter™ App (SP30) <input checked="" type="checkbox"/> NeoShip PLUS (EP70PLUS) <input checked="" type="checkbox"/> NeoShip Install & User Guide (EP70GUIDES) <input type="checkbox"/> 4G/5G Cell Service <input type="checkbox"/> Maintenance <input type="checkbox"/> Installation/Training	
Postage Funding Method: <input checked="" type="checkbox"/> Bill Me <input type="checkbox"/> Prepay by Check <input type="checkbox"/> ACH Debit (Customer to submit authorization form) <input type="checkbox"/> OMAS <input type="checkbox"/> CPU (attach authorization form) Agency Code Sub Agency Code		
Postage Funding Account: <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing Existing Account #: 8003770		

Section (E) Postage Meter and Services

Section (F) Approval

Existing customers who are upgrading or renewing an Agreement and currently fund the POC account by ACH Debit will not be converted to a Postage Funding Account unless initial here _____

This document consists of a Postage Meter Rental Agreement and an Online Services and Software Agreement with Quadient, Inc. Your signature constitutes an offer to enter into such agreements, and acknowledges that you have received, read, and agree to all applicable terms and conditions (version Rental-Terms-V11-2023), which are also available at <https://quadientterms.com/Rental-Terms-V11-2023>, and that you are authorized to sign the agreements on behalf of the customer identified above. The applicable agreements will become binding on the companies identified above only after an authorized individual accepts your offer by signing below, or when the equipment is shipped to you.

Guided by Quadient, Inc.'s Sustainable Design and Responsible Manufacturing Policy, our Products may contain reused components. For more information visit <https://www.quadient.com/about-us/sustainable-design-and-manufacturing>.

Authorized Signature _____ Date _____
Print Name and Title _____
Accepted by Quadient Inc. and its Affiliates _____

Quadient, Inc. 478 Wheelers Farms Rd Milford CT 06461

www.quadient.com

Form 51186e-04/16 (PF) R- 11/23

Sales Quotation



6002 Municipal Street, Weston WI 54476
Office: 800-236-5545 / Fax: 715-359-8893

Sales Person: Marcia Schumacher Date: 4/3/2025

Equipment Site Information

Company Name	City of Mackinac Island	Equip Contact	Danielle Leach
Address	7358 Market Street	Email	Clerk@cityofmi.org
City	Mackinac Island	Phone	906-847-3702
	ST MI Zip 49757		

Billing Information

Company Name	Same as Above	Billing Contact	
Billing Address		Email	
Billing City	ST Zip	Phone	

Model	Description	Qty	Extended Price
IX3	IX-3 Series Base w/5lb Integrated Weigh Platform, Moistener & Catch Tray	1	\$2,030.00

Special Conditions:

- 1) Product ships to "Equipment Site Information" address listed above.
- 2) Equipment condition - New.

Total (Plus Freight & Tax)	\$2,030.00
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TERMS:

- 1) Tax & Freight: Any applicable tax and freight will be applied at time of invoicing.
- 2) Invoice Payment Terms: Due upon receipt
- 3) Payments outstanding are subject to a surcharge of 1.5% per month (18% APR) on all unpaid amounts thereafter until paid in full.
- 4) Payments outstanding requiring Office Enterprise, Inc. (OEI) collection efforts, or legal actions to collect amounts Customer owes to OEI, Customer shall pay all costs of collection, including attorney fees.
- 5) Orders exceeding \$ 10,000.00, OEI requires payment of 50% of purchase price at time of order.
- 6) There is a \$50.00 charge for checks that are returned for NSF.
- 7) OEI accepts payments via VISA, MasterCard, and Purchase Cards. There is a 3.75% management fee for all payments made by credit card.
- 8) Pricing is subject to change with or without notice based on manufacturer product price changes outside the control of OEI, or subject to change after 30 days post quotation date.
- 9) All items carry the Manufacturer's Standard Warranty.
- 10) Customer is responsible to review product specifications to validate that the equipment/technology meets requirements.
- 11) Any additional product(s) and services outside the scope of this Sales Quotation will be subject to additional charges.

PAYMENT REMITTANCE:

Office Enterprises, Inc., 6002 Municipal Street, Weston, WI 54476
Attn: Accounts Receivable

RETURNED MERCHANDISE POLICY:

Merchandise may not be returned unless authorized in writing by OEI. No unauthorized returns will be accepted. Returns are subject to a restocking charge. All returns must be shipped prepaid.

Customer Acceptance

Your signature below acknowledges, accepts and agrees to the Terms and Conditions listed on this Sales Quotation and confirms that you have the authority to approve this order on behalf of the Company.

Signature:

Fed Tax ID#:

Print Name & Title:

Date: