



Agreement Number

Your Business Information

SHASTA COUNTY Health and Human Services Agency

Full Legal Name of Lessee / DBA Name of Lessee

Tax ID # (FEIN/TIN)

PO BOX 496005 REDDING CA 96049-6005

Billing Address : Street	City	State	ZIP+4
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HHSA ACCOUNTS PAYABLE	(530) 229-8400	0011252789
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Billing Contact Name	Billing Contact Phone #	Billing Account #
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36911 STATE HIGHWAY 299 E	BURNEY	CA	96013-4050
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Installation Address (if different from billing address) : Street	City	State	ZIP+4
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FAHN SAETURN (530) 225-5794 0012290279

Installation Contact Name	Installation Contact Phone #	Installation Account #
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2017-06-15

PO #	Quote Expiration Date
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Your Business Needs

Qty	Item	Business Solution Description
1	DM125	DM125 Digital Mailing System
1	1FAB	Dept Accounting Enabler (5 Accts)
1	1FAC	Basic Accounting (10 Dept)
1	7PR0	DM125 US Meter Subscription
1	F90I	Basic Installation and Training
1	MPC4	MPC4 Integrate Weigh Platform DM125
1	PR00	PR00- Meter for DM125 / DM225
1	PRM1	PRM1 - Moistener for DM125
1	PRW5	PRW5 - 5 lb. Integrated Weighing
1	SBRP	SBRP - DM125 Digital Mailing System
1	SJ15	SoftGuard for DM100i/DM125
1	STD SLA	Standard SLA-Equipment Service Agreement (for DM125 Digital Mailing System)

Your Payment Plan

Initial Term: 60 months	Initial Payment Amount:	
Number of Months	Monthly Amount	Billed Quarterly at*
60	\$ 51.69	\$ 155.07

*Does not include any applicable sales, use, or property taxes which will be billed separately.

- () Tax Exempt Certificate Attached
() Tax Exempt Certificate Not Required
() Purchase Power® transaction fees included
(X) Purchase Power® transaction fees extra

Your Signature Below

By signing below, you agree to be bound by your State's/Entity's/Cooperative's contract, which is available at www.pb.com/states and is incorporated by reference. The terms and conditions of this contract will govern this transaction and be binding on us after we have completed our credit and documentation approval process and have signed below.

WSCA/NASPO ADSP011-00000411-7; 7-12-70-26
State/Entity's Contract #

Lessee Signature DAVID A. KEHOE
Print Name CHAIRMAN, BOARD OF SUPERVISORS, COUNTY OF SHASTA
Title MARCH 28, 2017
Date HHSACONTRACTS@CO.SHASTA.CA.US
Email Address

Pitney Bowes Signature

Print Name

Title

Date

Sales Information

Mike Motley mike.motley@pb.com

Account Rep Name Email Address

ATTEST:

LAWRENCE G. LEES
Clerk of the Board of Supervisors

By: _____
Deputy

Approved as to form:
RUBIN E. CROSE, JR.
County Counsel

By: Alan B. Cox 3/17/17
Alan B. Cox
Deputy County Counsel

RISK MANAGEMENT APPROVAL

By: James Johnson 03/17/17
James Johnson
Risk Management Analyst

INFORMATION TECHNOLOGY APPROVAL

By: Quichen Allen Deputy Director, on behalf of Tom Schreiber
Tom Schreiber
Chief Information Officer