TimePayment
1600 District Avenue, Suite #200, Burlington, MA 01803

| ACCOUNT NUMBER | AUTHORIZATION NUMBER |
|---|---|
| | |

# EQUIPMENT ACCEPTANCE FORM

The Equipment Acceptance Form makes reference to the attached Commercial Equipment Lease Agreement bearing the above referenced Authorization Number. The attached Lease Agreement is incorporated herein by reference.

**Equipment Description**:

_____

as more specifically defined in the attached Lease Agreement, including any attached amendment or addendum.

**General Information:**

1. Please indicate the address and description of address where the Lease Agreement was signed:

   Address _____ City _____ State _____ Zip _____

2. Description (e.g. business, home, hotel, etc.): _____
3. Please describe how you were introduced to your Equipment Vendor: _____
4. Please complete only if you are leasing Security Equipment.
   Do you own the location where the equipment is located? Yes ☐ No ☐

**Lessee Initials Required:**

☐ This Lease is a Commercial Equipment Lease Agreement between the Lessee and TimePayment Corp. This Lease Agreement is for _____ months and the base monthly payment is $ _____ (plus applicable taxes, tax processing fee and loss or destruction waiver). No written or verbal alteration of this Lease Agreement is valid.

☐ I agree that the Equipment has been delivered as I requested, and I have inspected the Equipment, it is in good working condition and I unconditionally accept the same.

**Signature Required:**

**Lessee**

_____
SIGNATURE DATE

_____
PRINT NAME

**TimePayment Corp.** _____
SIGNATURE DATE