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

ACCOUNT NUMBER	AUTHORIZATION NUMBER

RETAIL EQUIPMENT ACCEPTANCE FORM

The Equipment Acceptance Form, makes reference to the attached Consumer 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 residence where the equipment is located? Yes ☐ No ☐

Lessee Initials Required:

☐ I agree I have instructed the Lessor to purchase the Equipment on my behalf immediately. The Equipment has been ordered as I requested, and either, has been or will be delivered as I requested.

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

☐ I hereby waive the opportunity to reject the Equipment or revoke acceptance under UCC 2A and unconditionally accept same, whether I am in possession of the Equipment or not. I signed this Lease at either the Equipment vendor's retail storefront location or website. I understand that upon signing this Lease and Equipment Acceptance Form, my obligations under the Lease are binding and irrevocable.

Signature Required:

Lessee

_____
SIGNATURE DATE

_____
PRINT NAME

TimePayment Corp.

_____
SIGNATURE DATE