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

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

# EQUIPMENT ACCEPTANCE FORM

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

☐ 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.

**Signature Required:**

**Lessee**

_____
SIGNATURE DATE

_____
PRINT NAME

**TimePayment Corp.** _____
SIGNATURE DATE