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