



OFFICE LINK, INC.  
PH 203-654-3300  
FAX 203-654-3301

## PRISM ORDER AGREEMENT

- ☐ Equipment Purchase  
☐ Installment Purchase  
☒ Lease  
☐ Rental

- Y ☒ N ☐ Maintenance Agreement  
☐ Upgrade Current Equipment  
☐ Maintenance Only  
☐ Lease Upgrade

P.O. # for this order: \_\_\_\_\_

- ☒ Tax Exempt  
☐ New Customer

Bill to: Customer Name				City of New Haven-City Clerk Office				Installed At	
Billing address				200 Orange St, 2nd FL				Street Address	
PO Box#								Contact	
City				New Haven, CT		Zip		06510	
Phone				203-946-8300		City		Michael/May	
Qty		Product Description		Product #		Price		Less Deductions	
								Trade-In Other	
		Mono Digital Imaging System						Net Price	
								Totals	
								A) Total Net	
2		Toshiba 4518A						Supplies	
2		Platen Covers						State Tax	
2		Cabinets						Interim Total	
2		Jamex Boards & Harness						Cash Down Payment	
								Unpaid Balance Of Cash Price	
								Lease	

### Special Instructions:

Includes all obligations on current lease and return of old equipment to the leasing company

Trade in model: \_\_\_\_\_ Copy Count: \_\_\_\_\_ Trade in owned by: Customer ☐ Lease Co ☐ Other \_\_\_\_\_

Equipment Warranty: (Does not cover consumables such as drum, rollers, lamps)

A) Labor \_\_\_\_\_ Days From Date of Install B) Parts \_\_\_\_\_ Days From Date of Install

### Lease With Purchase Option

Initial Term: (check one) ☐ 24 ☐ 36 ☐ 39 ☐ 48 ☒ 60 Other 63

Monthly Rental Payment: \$ \$350.00 Security Deposit: \$ \_\_\_\_\_  
(Exclusive of Sales/Use Tax)

### Equipment Service:

Maintenance Agreement Type

Billing Frequency:

Annual ☐ Monthly ☐ Other: Included in Lease

- ☒ MA3 All Inclusive Service: Consumable parts,  
labor & supplies (except paper & staples)

Rate: \$ \_\_\_\_\_ per \_\_\_\_\_ copies  
Overage: .01 per copy on the excess within a billing period

- ☐ Cost Per Copy

CPC Rate: \_\_\_\_\_

This Prism Order Agreement covers transaction(s) listed above and incorporates Terms & Conditions on the reverse side

Sales Rep-Order Acknowledgment		Purchaser Name	
Elaine Nizolek			
Date		Signature	
3-22-22			
Prism-Office Link Inc. Signature		Title Date	

### EQUIPMENT REQUEST / PICK UP FORM

Customer # \_\_\_\_\_

Company: City of New Haven-City Clerk Office Contact: 200 Orange St., 2nd Fl

Address: New Haven, CT 06510 City: Customer #8344 Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Salesperson: \_\_\_\_\_ Request Date: \_\_\_\_\_ Delivery Date: \_\_\_\_\_

Model: \_\_\_\_\_ ID#: \_\_\_\_\_ SN#: \_\_\_\_\_

Meter Count: \_\_\_\_\_ ☐ Elevator ☐ Stairs

Needs to be Networked: ☐ Is the Network drop in place: ☐

Demo ☐ Sold: ☐ Meter Contact: \_\_\_\_\_ Meter Email: \_\_\_\_\_

PRODUCT #	DESCRIPTION	AVAILABLE	
		Y <input type="checkbox"/>	N <input type="checkbox"/>
		Y <input type="checkbox"/>	N <input type="checkbox"/>
		Y <input type="checkbox"/>	N <input type="checkbox"/>
		Y <input type="checkbox"/>	N <input type="checkbox"/>
		Y <input type="checkbox"/>	N <input type="checkbox"/>
		Y <input type="checkbox"/>	N <input type="checkbox"/>
		Y <input type="checkbox"/>	N <input type="checkbox"/>
		Y <input type="checkbox"/>	N <input type="checkbox"/>

#### Equipment Pick Up:

Model : \_\_\_\_\_ ID: \_\_\_\_\_ Serial# \_\_\_\_\_ B/W: \_\_\_\_\_ Color: \_\_\_\_\_

Lease Co. ☐ WHSE ☐

Model : \_\_\_\_\_ ID: \_\_\_\_\_ Serial# \_\_\_\_\_ B/W: \_\_\_\_\_ Color: \_\_\_\_\_

Lease Co. ☐ WHSE ☐

Model : \_\_\_\_\_ ID: \_\_\_\_\_ Serial# \_\_\_\_\_ B/W: \_\_\_\_\_ Color: \_\_\_\_\_

Lease Co. ☐ WHSE ☐

Model : \_\_\_\_\_ ID: \_\_\_\_\_ Serial# \_\_\_\_\_ B/W: \_\_\_\_\_ Color: \_\_\_\_\_

Lease Co. ☐ WHSE ☐

Driver : \_\_\_\_\_ Date: \_\_\_\_\_

Customer Acceptance : \_\_\_\_\_ Date: \_\_\_\_\_

Installed FM Audit Yes ☐ No ☐ If no, why not? \_\_\_\_\_

Meter Contact: \_\_\_\_\_ Meter Email: \_\_\_\_\_



75 School Ground Road  
Branford, CT 06405

## Maintenance Agreement

Effective date: \_\_\_\_\_

### Customer

City of New Haven-City Clerk Office  
200 Orange St., 2nd Fl  
New Haven, CT 06510  
Customer #8344

Prism - Office Link, Inc. (Prism) agrees to provide and the customer agrees to accept maintenance service for the machines listed below according to the terms and conditions of this agreement, unless Prism provides the customer with notice to the contrary within one month of the signing of this agreement by Prism.

Manufacturer/Model Number	Serial Number	Machine Location	Special Provisions	Rate
Toshiba 4518A ID# SN#			Included in Lease	
Toshiba 4518A ID# SN#			Included in Lease	
				Overages \$.01

### Comments:

**MA Type 3:**  
**Includes Service: Parts and Labor, Drums, Toner, and Supplies**  
**(except for Paper and Staples)**

Supplies included under this agreement will be based on normal yields. If customer usage of supplies exceeds normal yields for the equipment being serviced, Prism will invoice and customer agrees to pay for the excess supplies at Prism's current retail prices.

Customer City of New Haven-City Clerk Office

Accepted by \_\_\_\_\_

Name

Date

Please sign this service agreement and return this copy to our office along with your payment. **This agreement must be paid in full by the start date of your contract.** If agreement is not renewed, a new one will be written only after the equipment is inspected at our regular hourly rate.

The additional terms & conditions on the reverse side are part of this agreement. The customer acknowledges that they have read this agreement, understands it, and agrees to be bound by its terms & conditions. The customer agrees that this agreement is the complete and exclusive agreement between the parties, superseding all proposals or prior agreements, oral or written, and all other communications between the parties relating to the subject matter of this agreement.

**SALES WORKSHEET**

Date of Sale: \_\_\_\_\_

Salesperson: \_\_\_\_\_ Customer: City of New Haven-City Clerk OfficeType of Sale: Lease ☐ Lease Company: \_\_\_\_\_ Cash ☐ Term ☐ In-House Rental ☐Buyout: Yes ☐ No ☐ Amount: \_\_\_\_\_ Which Lease Company? \_\_\_\_\_Check cut to customer? Yes ☐ No ☐ Amount: \_\_\_\_\_Check be cut to anyone else? Yes ☐ No ☐ Who? \_\_\_\_\_ Amount: \_\_\_\_\_Trade up deducted for the Invoice? Yes ☐ No ☐Lease return? Yes ☐ No ☐ Machine Make & Model \_\_\_\_\_**Lease Info:**Term/Month: \_\_\_\_\_ Payment: \_\_\_\_\_ Rate: \_\_\_\_\_ Type: FMV ☐ \$1 Out ☐Maintenance Agreement: ☐ MA1 ☐ MA3 ☐ NoBilling Frequency: Annual ☐ Monthly ☐ Quarterly ☐ Included in Lease ☐☐ Flat Rate Contract: \$ \_\_\_\_\_ per \_\_\_\_\_ B&W & \_\_\_\_\_ color copies☐ Included Copies: B&W: \_\_\_\_\_ Color: \_\_\_\_\_ per Month ☐ Qtr ☐ Year ☐

Overage Rate: B&amp;W: \_\_\_\_\_ Color: \_\_\_\_\_

☐ Cost Per Copy B&W: \_\_\_\_\_ Color: \_\_\_\_\_☐ Invoices to be credited: Invoice# \_\_\_\_\_ Total Amount \$ \_\_\_\_\_

Are there any other giveaways? \_\_\_\_\_

**EQUIPMENT**

Machine Model# \_\_\_\_\_

<u>Product Codes:</u>	<u>Product Costs:</u>	<u>Product Codes:</u>	<u>Product Costs:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Sell Price: \_\_\_\_\_

Lease Buyout: \_\_\_\_\_

Giveaways: \_\_\_\_\_

MA/Revenue: \_\_\_\_\_

Equipment Cost: \_\_\_\_\_

Gross Profit: \_\_\_\_\_

**Commissions:**

% of GP : \_\_\_\_\_

Flat Fee \_\_\_\_\_

Date: \_\_\_\_\_

## EQUIPMENT PICK-UP FORM

☐ DEMO ☐ TRADE-IN ☐ RETURN TO LEASE ☐ STORE ☐ DISPOSE

Company: City of New Haven-City Clerk Office

Address: New Haven, CT 06510

Phone#: \_\_\_\_\_ Contact: 200 Orange St., 2nd Fl

SalesRep: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

SN: \_\_\_\_\_ ID: \_\_\_\_\_

Pick Up Meter: B \_\_\_\_\_ C: \_\_\_\_\_

Leasing Company: \_\_\_\_\_ Letter of Intent date: \_\_\_\_\_

Return date Leasing Co.: \_\_\_\_\_ ☐ Lease RA received

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DATE MACHINE PICKED UP \_\_\_\_\_

REASON PICKED UP \_\_\_\_\_

CONTRACT # \_\_\_\_\_ CANCEL DATE \_\_\_\_\_ LAST INVOICE DATE \_\_\_\_\_ INVOICE # \_\_\_\_\_

PICK UP METER COUNT B \_\_\_\_\_ C \_\_\_\_\_

LAST INVOICED METER COUNT B \_\_\_\_\_ C \_\_\_\_\_

FINAL METER COUNT BILLED B \_\_\_\_\_ C \_\_\_\_\_

RATE B \_\_\_\_\_ C \_\_\_\_\_

FINAL AMOUNT \$ B \_\_\_\_\_ C \_\_\_\_\_

FINAL INVOICE # \_\_\_\_\_ (ATTACHED)

☐ CONTRACT CANCELLED ☐ MOVED MACHINE IN NOTES

☐ PUT LOANER MACHINE IN NOTES ☐ SENT OUT FINAL INV.