

EQUIPMENT MAKE: _____	MODEL: _____	ID: _____	SERIAL# _____
SALES REP NAME _____		DATE _____	

**SECTION 1: PICK UP EQUIPMENT (SECTION 3 OF THIS FORM REQUIRED WITH ALL PICK UPS)**

PICK UP FROM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION 2: MOVE EQUIPMENT**

PICK UP FROM: _____	MOVE TO NAME: _____
ADDRESS: _____	MOVE TO ADDRESS: _____
CITY, STATE, ZIP: _____	CITY, STATE, ZIP: _____
CONTACT NAME: _____	CONTACT NAME: _____
CONTACT PHONE: _____	CONTACT PHONE: _____

**SECTION 3: DISPOSITION OF EQUIPMENT**

LEASE NUMBER: \_\_\_\_\_

**TRADE IN UNIT.** Customer warrants that it is the sole owner of the equipment and that it is free and clear of any liens, security interest and /or any other incumbrances and hereby releases all right ant title to Connecticut Business Systems (CBS).

**LEASING COMPANY UNIT.** \_\_\_\_\_ (LEASING COMPANY) is the owner of the unit and either:

1) \_\_\_\_\_ Customer is responsible for completing all financial obligations of the lease and sending cancellation notice with the request for return instructions. ENSURE NOTIFICATION IS TIMELY. Upon completion, Customer shall provide these instructions to CBS within 10 days of the lease payoff at which time CBS will return it to the leasing company. CBS shall not be responsible for any delay in returning the equipment nor any loss or damage while in it's possession. If return instructions are not provided, within 10 days, the equipment will promptly be returned to the account. **OR**

2) \_\_\_\_\_ CBS is performing an equipemnt upgrade for the Customer with this leasing company and is responsible for the final lease obligations and return of the equipment.

**SECTION 4: CUSTOMER AUTHORIZATION ON DISPOSITION OF EQUIPMENT - REQUIRED**

CUSTOMER AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

**SECTION 5: FOR DRIVER USE ONLY**

PICK UP DATE: _____	METER READING: _____	DROP OFF LOCATION: _____
	B/W Meter: _____	_____
	Color Meter: _____	_____

ACCESSORIES: \_\_\_\_\_

SUPPLIES: \_\_\_\_\_

**CUSTOMER SIGNATURE AUTHORIZING PICK-UP OF EQUIPMENT/SUPPLIES:** \_\_\_\_\_

**SECTION 6: ADMINISTRATIVE USE ONLY**

ADMIN AUTHORIZATION: _____	CONTROL#: _____	LEGAL OWNER: _____
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