Anaheim, CA 92807



Tel: 800-999-4034

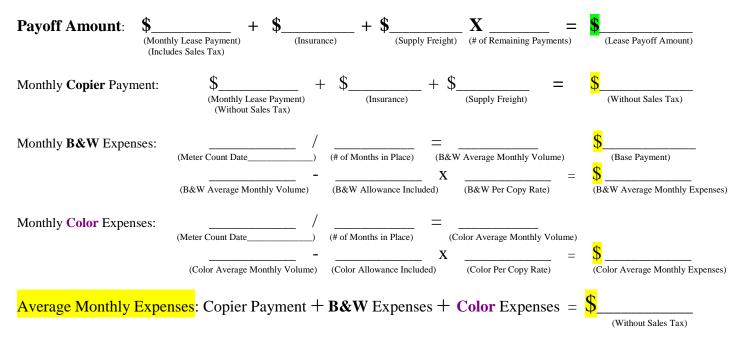
Fax: 714-985-0215

Company Name:	
Owner / President Name: _	
Contact Person Name:	
Contact Person Title:	
Satisfied? Yes / No	Rate (1 to 10):
B&W / Color	Model:
Copy Speed:	Scan Speed:
# of Paper Drawers	Fax: Yes / No
Finisher: Yes / No	Hole punch: Yes /
Picture: Yes / No	Stairs: Yes / No
Comments:	

Agent Name:		
Today's Date:		
Leasing Co.:		
Lease Term:		
Lease Start Date:		
Lease End Date:		
Payments Made:		
Payments Left:		
Payments Past Due:		
LOI Due (Letter of Intent):		
Lease End Option: FMV / \$1		

Recap of Current Situation

No



Acquisition Program

Proposed	Monthly	Monthly	Monthly	Monthly	Total Monthly Expenses
Equipment	Payment	Volume Included	Service Expense	Toner Expense	
	\$(Without Sales tax)	B&W: Color:	Included	Included	(Without Sales Tax)

CBS Inc. will pay _ _____ towards remaining lease payment(s) on _____ Copier. CBS Inc. will assist customer returning _copier back to the leasing company @ NO CHARGE

