



Return Schedule, Rider B of Agreement

Canon Solutions America, Inc. ("CSA")
One Canon Park, Melville, NY 11747
(800)-613-2228

Customer: ALLIED ADVERTISING LIMITED PARTNERS

Salesperson: William Walsh

Agreement #: MA26129

Transaction #: S1321222

Order date: 10/11/22

Customer ("You")	Customer Account: 2020773	Service Requested:	
Company: ALLIED ADVERTISING LIMITED PARTNERSHIP		Trade In	
Address: 55 Cambridge Parkway		Lease Information (if applicable)	
City: Cambridge	County:	Leasing company name	Lease Number
State: MA	Zip: 012142	CFS	001-0315031-017
Phone: 732.213.0224			
Contact name: Mike Eggermann			
Email: meggermann@alliedglobalmarketing.com			
Alternate Contact:			
Alternate Phone:			

If "Buyout Reimbursement" is selected above, the following MUST be completed:

\$ _____ To be paid upon delivery / acceptance pursuant to Rider B, Section 1.

Payable to: _____ Reason for check issuance: _____

If transaction includes a Lease Upgrade or Buyout the following MUST be completed:

Select one:

☐ Not Applicable: No Equipment pick up required

☒ CSA will pick up the Equipment

☐ Return Equipment to CFS

☒ Return Equipment to CSA Original Order Date _____

☐ You will return Equipment to leasing company according to the terms and conditions of your lease agreement

☐ You will retain the equipment.

Will retained equipment remain under a CSA Maintenance Agreement?

☐ No

☐ Yes: SELECT ONE: under an Existing Contract ☐ Or New Contract ☐

Trade in Equipment Condition: Good Working Condition

Equipment for Trade-In, Upgrade, or Return

If transaction includes a Lease return the following MUST be completed:

Return code	Item Code	Description	Serial #	Equipment Location	Contact Name & Phone	Email	Alt pick up date
TRD	5561B066	IRADVC5235A	RRB27463	3990 OLD TOWN AVE STE A201 SAN DIEGO, CA 92110-2991			
TRD	CTRADE	Cassette Feed Unit	2128H01329	3990 OLD TOWN AVE STE A201 SAN DIEGO, CA 92110-2991			

Pick Up /Return Information:

☒ Same Date as Delivery of Listed Items Specified on the Agreement

☐ Other Specified Date: ____ / ____ / ____ (but no longer than 30 days after delivery of Listed Items under Agreement)

Contact Name: Mike Eggeraman

Phone: 732.213.0224

Email: meggermann@alliedglobalmarketing.com

Hours of Operation: 9-5


Number of Steps: 0

Elevator: Yes

Loading Dock: No

Special Instructions:

THIS RETURN SCHEDULE IS ENTERED INTO PURSUANT TO, AND INCORPORATES ALL OF THE TERMS OF, THE MASTER SALES AND SERVICES AGREEMENT REFERENCED AS THE AGREEMENT # ABOVE AND THE APPLICABLE RIDER(S) ("AGREEMENT"). BY YOUR SIGNATURE BELOW, YOU AGREE TO TERMS AS SPECIFIED ABOVE, SUBJECT TO THE TERMS AND CONDITIONS OF THE AGREEMENT. CUSTOMER REPRESENTS THAT EXECUTION OF THIS SCHEDULE HAS BEEN DULY AUTHORIZED. YOU REPRESENT THAT YOU ARE AUTHORIZED TO EXECUTE THIS SCHEDULE ON CUSTOMER'S BEHALF. STANDARD TERMS AND CONDITIONS INCORPORATED HEREIN ARE AVAILABLE AT [ESS.CSA.CANON.COM/CUSTOMERDOCUMENTS](https://ess.csa.canon.com/customerdocuments), AND SHALL APPLY TO THE EXTENT NOT MODIFIED BY THE AGREEMENT. YOU ACKNOWLEDGE RECEIPT OF A COPY OF THIS RETURN SCHEDULE.

Customer's Authorized Signature 
Printed Name Mike Eggermann

Title VP, IT

Date 10/11/2022 | 1:32 PM EDT