



BILLING AND LEASE SCHEDULE INFORMATION
(THIS FORM MUST BE COMPLETED BY THE INDIVIDUAL SIGNING THE DOCUMENTS AND A MEMBER OF YOUR ACCOUNTS PAYABLE TEAM)

I. INVOICING/BILLING:

Will your accounts payable be for:

- 1 Central Location 1 for each Dept., Campus, Agency (need address for each)

Customer's accounts payable address for invoices

Company Name: CITY OF RIVIERA BEACH

(as filed with your Secretary of State) _____

Address: _____

City, State, Zip: _____

County: _____

Attention: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

Is a Purchase Order #required on the invoice? Yes No

TAX: Where required, Sales/Use Tax will be assessed and invoiced.

Does the Customer hold a valid exemption or direct pay certificate? Yes No

If yes, please ATTACH a copy of the certificate for each state to this document.

(NOTE: A certificate must be provided for each state in which lease Products are located.)

UCC Information Required:

Federal Tax ID#:	_____	Type of Organization:	_____
State Of Organization:	_____	State ID#:	_____

How will your Purchase Orders be placed? Will one Purchase Order cover:

- | | | |
|--|--|---|
| <input type="checkbox"/> 1 Order Release | <input type="checkbox"/> Multiple Order Releases | <input type="checkbox"/> Blanket Purchase Order |
| <input type="checkbox"/> 1 Ship to Address | <input type="checkbox"/> Multiple Ship To Locations | |
| <input type="checkbox"/> 1 Group Only | <input type="checkbox"/> Multiple Groups (Depts, Campuses, Agencies) | |
| <input type="checkbox"/> 1 Entire Lease Term | <input type="checkbox"/> Specific Periods - Explain _____ | |

Please Describe your Requirements?

- Will Shipping be: Financed Billed Separately No charge by Dell
- Can you have: More than one PO#/Invoice Only 1 PO#/Invoice
- Can your PO be: Split between 2 or more invoices Must be fulfilled in 1 invoice
- Will you lease: Dell Equipment only Other Vendor(s) Equipment
- Do you intend to finance upfront tax (if applicable) on the Lease Schedules? Yes No

Please Describe your Organizational Structure:

- Commercial Public/Municipal Other-Explain _____
- 1 Group Only Multiple Groups (Depts, Campuses, Agencies)
- 1 Accounts Payable Multiple Accounts Payables (1 per Dept, Campuses, Agency)
- Lease Schedules will be reviewed by one person Requires multiple step approval process

Commencement is:

- 1st of following month Acceptance Other-Explain _____

Interim Rent is:

- Charged Not Charged Other-Explain _____

Property Tax is:

- Rebilled Annually Other-Explain _____

Fiscal Year is from _____ to _____.

Notations:

II. PREPARING CUSTOMER'S A/P SYSTEM TO REMIT PAYMENTS TO Dell Financial Services L.L.C.:

Below is information commonly requested by customers in order to assist them in setting up their accounts payable system to pay Dell Financial Services L.L.C.:

Payee Name and Address:
 Dell Financial Services L.L.C.
 Payment Processing Center
 Carol Stream, IL

Dell Financial Services L.L.C. Federal Tax ID # is: 74-2825828

What information will you require in order to set up payments to Dell Financial Services L.L.C. as a recurring payable?

III. PAYMENT METHODS to Dell Financial Services L.L.C.

VIA CHECK

Mail To: **Payee Name and Address:**
 Dell Financial Services L.L.C.
 Payment Processing Center
 Carol Stream, IL

VIA WIRE TRANSFER

Please reference all information listed below to ensure proper credit each time a wire transfer is made:

Payable to: Dell Financial Services L.L.C.
ABA #: 071000039
Account #: 8188204944
Customer Account #:
DFS Invoice #:
Amount to be Applied per Invoice:

VIA ACH

Payable to: Dell Financial Services L.L.C.
ABA #: 071000039
Account #: 8188204944
Preferred Format: CTX+
Customer Account #:
DFS Invoice #:
Amount to be Applied per Invoice:

IV. LEASE SCHEDULES:

Please refer to the Lease Schedule Sample attached.

Name of recipient(s) to receive monthly Lease Schedules to reconcile:

Attention: _____
Address: _____
City, State, Zip: _____
Phone & FAX Numbers: _____
E-Mail Address: _____

Name of individual(s) to sign monthly Lease Schedules (this individual should be named as an authorized signatory on the Secretary/Clerk Certificate):

Attention: _____
Address: _____
City, State, Zip: _____
Phone & FAX Numbers: _____
E-Mail Address: _____

V. LEASED ASSET REPORT

Please refer to the attached Lease Asset Report Sample.

Will you require a Lease Asset Report? Yes No

If yes, how frequent? Monthly Quarterly Annually Other _____

Attention: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
FAX Number: _____
E-Mail Address: _____

Would you prefer to have your Leased Asset Report posted to your Premiere Page? Yes No

Login: _____

Address: _____

PLEASE ADVISE LESSOR AT THE ADDRESS LISTED BELOW OF CHANGES IN THE INFORMATION PROVIDED ABOVE.

Please return this document along with all other required documents to:

Dell Financial Services L.L.C.
Public Segment Lease Administration
One Dell Way
RR3-56
Round Rock, TX 78682

Completed/Confirmed By:

Lessee: Lessee Document Signatory

Lessee Accounts Payable Representative

By: _____

Name: _____

Title: _____

Date: _____
