

## PO Box 258 Caledonia MI 49316 Phone: 888/943.6789 Fax: 888/943.6790 Email: <u>admin@azuraleasing.com</u>

## **DELIVERY AND ACCEPTANCE CERTIFICATE**

Legal Company Name ("Lessee"):		
D/B/A Name:(if different from above)		
Location Address:		
MID No		
Equipment Description (Manufacturer, Mo	odel, Serial Number)	Quantity ———
BASE MONTHLY PAYMENT: \$	_ TERM OF LEASE:	Months
Lessee ("I") affirms the following:		
The undersigned, being duly authorized, hereby (the "equipment") has been delivered and inspermanufacture. The equipment is in good working to the satisfaction of the lessee.	cted, is of an acceptable size, desi	gn, capacity and
I unconditionally accept the equipment for the Commercial Equipment Finance Lease. I confirmed lease with all terms filled in. I have read, and I un	m that I have received a copy of t	
I understand and agree that LOGICALease, LLC any responsibility, either now or hereafter, for warranty, or service of the equipment, or for its sacknowledge that Logicalease, LLC does not en does not set the price of the equipment being equipment Vendor. I understand that the only roll	the use, performance, functioning suitability or adaptability for any paragage in marketing or retailing of the leased; pricing is solely between	g, maintenance ticular purpose. e equipment and Lessee and the
Signature of Lessee	Business Phor	ne No.
Printed Name of Signature	Home Phone N	No.
Title	Date	
E-Mail Address		