



Office: 877-876-9286 Fax: 845-419-2035

ATM Lease Agreement

	This agreement made this day of, 20, by and be	tween
(hereir	ATM GUYS, INC. (hereinafter referred to as "Lessor") and,einafter referred to as "Lessee"). In consideration of the mutual promises contained parties hereto agree as follows:	within,
1.	 EQUIPMENT: Lessor hereby leases to Lessee the following ATM Machine(s): a. Make Model Serial # 	
2.	. LEASE TERM: Month to Month Lease, no contract binding in length. Lessor requten-day notice if Lessee wishes to terminate lease.	iires a
3.	. LEASE PAYMENTS: Lessee agrees to pay Lessor as rent for the Equipment in the of \$ ("Rent") each month in advance via Credit/Debit card on the t day of each month.	
4.	CHANGE OF CREDIT/DEBIT CARD: If payment fails to complete because of a cand expired card, the Lessee will need to update the card information within ten days due date. There will be no late fee if it is updated within ten days, after that there be an additional fee of \$10 per week without payment.	of the
5.	. DELIVERY/SETUP: Lessor will deliver, install, and train the Lessee how to use the Lessor requires an internet line (CAT5/CAT6) must be ran directly from the location router to the place the ATM will be installed (ATM will not work on wifi).	
6.	. MONITORING: Lessor will supply Lessee with online access to see the cash balan the ATM, statements, and transactions. Lessor will also offer automated text notifications if the ATM drops below a balance of \$500.	ce of
7.	. MAINTENANCE: Lessee will be sure to keep the ATM clean and in good working a Lessor will maintain software updates and other hardware updates as they become required by the industry.	
8.	. SUPPLIES: Lessor will supply the Lessee with free ATM receipt paper for the life of	of the

lease. Lessor will also supply the Lessee with a lighted "ATM INSIDE" sign and "ATM

INSIDE" stickers for the door/gas pumps.





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- 9. **OWNERSHIP:** The Equipment is and shall remain the exclusive property of Lessor. If Lessee wishes to purchase the Equipment, 50% of the Lease Payments will be applied to the current market price of the equivalent model.
- 10. **REPAIRS:** Normal wear and tear is expected. Any repairs needed that are not caused by deliberate physical action, will be the responsibility of the Lessor.
- 11. **INSURANCE:** Lessee shall be responsible to maintain insurance on the Equipment with losses payable to Lessor.
- 12. **PROCESSING/COMMISSIONS:** Lessee will receive all but twenty-five cents of the \$_____ surcharge. These commissions can be deposited Monthly or Daily. Lessee will be able to monitor their commissions and statements online as stated in "MONITORING".

LESSEE (Merchant)	LESSOR (My ATM Guys)		
Name (PRINT)	Name (PRINT)		
Business Name	Business Name		
Title	Title		
Signature	Signature		
Date	Date		



SIGNATURE

My ATM Guys, Inc. www.MyATMGuys.com

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Credit Card Recurring Payment Authorization Form

~ATM Lease~

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started!

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, MasterCard, American Express or Discover card. You will be charged each billing period for the total amount due for that period. A receipt will be emailed to you and the charge will appear on your credit card statement. You agree that no prior-notification is required. If your bill is more than the agreed lease amount, or the payment date changes, you will receive notice from us at least 10 days prior to the payment being collected.

I authorize My ATM Guys, Inc. to charge my credit card (full name)					
indicated below on the 10 th day					
Billing Address		Phone:	#		
City, State, Zip		Email			
Account Type: 🗌 Visa	☐ MasterCard	☐ Amex	Discover		
Cardholder Name					
Account Number					
Expiration Date					
CVV (3 digit number on back o	of Visa/MC, 4 digits on	front of AMEX) _			

I authorize My ATM Guys, inc., to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

DATE