

**WELLS
FARGO**

ACCOUNTS PAYABLE
PATTERSON JOINT UNIFIED
510 KEYSTONE BOULEVARD
PATTERSON CA 95363

Customer Care

Hours of operation
M-F, 7am - 6pm Central Time

Payments
Wells Fargo Financial Leasing,
Inc.
PO Box 77096
Minneapolis, MN 55480-7796

Fax
888-241-4382

Online Services
Website: <https://myaccounts.wellsfargo.com>
Privacy: <https://wellsfargo.com/privacy-security>

Telephone
877-222-5617

Correspondence
Customer Care
PO Box 3072
Cedar Rapids, IA 52406-3072



Invoice

Page 1 of 3

Summary

Contract number 603-0185449-000
Customer number 1000129334
Invoice number 5019319639
Due date 04/05/22
Invoice date 03/10/22
Coverage period 04/05/22-04/04/23
Total Due \$3,867.32

Last payment \$122.00
posted on 02/27/22.

Important Messages

Your remittance address has changed. Effective immediately, please update your accounts payable system and send all payments to the new remittance address printed on your coupon. Thank you.

Interested in receiving your invoices by email? To go paperless, please register on the website listed under the online services section of the invoice.

Contract number	Asset description	Model	Serial number	Asset location	
603-0185449-000 PO# 180277	Copier	3011I	V927702979	510 Keystone Boulevard Patterson, CA 95363	
	Copier	3011I	V927703132	510 Keystone Boulevard Patterson, CA 95363	
	Copier	3011I	V927702980	510 Keystone Boulevard Patterson, CA 95363	
	Copier	3011I	V927703131	510 Keystone Boulevard Patterson, CA 95363	
Item description	Amount	Tax	Item total	Due date	Subtotal
Lease Payment	3,585.00	282.32	3,867.32	04/05/22	\$3,867.32
603-0185449-000 Total :					\$3,867.32
Invoice Total :					\$3,867.32

Continued on the next page

Detach and return the bottom remittance portion with your payment in the enclosed envelope. Include invoice number on check.

Contract number 603-0185449-000 **Due date** 04/05/22
Invoice number 5019319639 **Invoice date** 03/10/22
Total due \$3,867.32

Customer Care
PO Box 3072
Cedar Rapids, IA 52406-3072

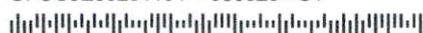
☐ Check here and see reverse side for billing address
and/or asset address change.

**Amount
enclosed**

\$

Please make check payable to Wells Fargo Financial Leasing, Inc.

GFOSE00201164 - 936626 - S1



ACCOUNTS PAYABLE
PATTERSON JOINT UNIFIED SCHOOL DISTRICT
510 KEYSTONE BLVD
PATTERSON CA 95363

Wells Fargo Financial Leasing, Inc.
PO BOX 77096
MINNEAPOLIS, MN 55480-7796

00000050193196396035000000386732202204050000003867323

GFOSE0020116411

027350 20003 N 0051P

Set forth below is important information regarding our billing processes and your agreement, including certain charges that may be included in this invoice. Please refer to your agreement for the specific terms and conditions that apply to your account. Nothing herein shall modify the terms and conditions of your agreement.

On Line Services: Our website provides you 24/7 access to your accounts. Through the website you can view invoices and payment history, sign up for paperless invoicing, request various account changes and make a one-time payment or set up recurring payments.

Payments: Please detach the remittance portion of your invoice and mail your payment using the return envelope provided. Allow appropriate mailing time for receipt by your due date. If you send your payment to any other location, it may cause a processing delay. Send only the remittance portion with your payment and retain the top portion of the invoice for your records. For your protection, do not send cash. We will accept payments in the form of company checks (or personal checks in the case of sole proprietorships), phone payment, direct debit or wire transfers only. Payment in any other form may delay processing or be returned to you. All written communication concerning disputed amounts must be mailed or delivered to the correspondence address set forth on the front of the invoice.

Automatic Payments: You may arrange to have your payments automatically debited from your bank account. This option is available at no additional cost. Contact us for more information. After you sign up for this payment method, if your bank or account number change or you wish to discontinue this service, you must notify us at least one week prior to your next payment due date.

Address Change: If you plan to change your billing address or the location of any equipment you must notify us before doing so. For your convenience we have provided the form below and you must send notice of such change as set forth in your agreement.

Automatic Renewal: Some lease agreements contain an automatic renewal provision. If your agreement contains an automatic renewal provision and you do not want the agreement to automatically renew for an additional term, you will need to notify us in writing within a certain time period prior to the expiration of the current term of your intention to purchase (if applicable) or return the equipment at the end of the current term. Your agreement will automatically renew for an additional term if you fail to provide such written notice to us within the notice period designated in your agreement.

Payoff Requests: If you would like to pay off your contract in full (and in the case of a lease, purchase the leased equipment), a payoff quote may be requested by calling the Customer Care number listed on the front of this invoice or by sending a request by fax or mail. Mailed or faxed requests must be submitted on your company letterhead and include your company name, account number, phone number, fax number, first and last name and title of the person requesting the payoff quote.

Certain Charges/Fees: We may charge you (i) a one-time documentation/processing fee as described in your agreement, (ii) a fee in connection with any UCC financing statement(s) that we file to protect our interest in the equipment, (iii) a late charge if payment in full is not received by the due date as specified in the terms of your agreement.

Sales/Use/Rental Taxes: Tax rates are based on the location of the leased equipment. If your company has a valid sales tax exemption you must fax a complete, signed and dated certificate covering the leasing period to the fax number on the front of this invoice or mail to the correspondence only address set forth on the front of this invoice marked Attn: Sales Tax Exemption.

Property Tax: Your agreement may require that you pay, either directly or as reimbursement to us, all personal property taxes levied or assessed on the equipment that is the subject of your contract by the applicable taxing jurisdictions.

Purchase Order Number(s): For your convenience we can display your purchase order number on your invoice. However, the agreement terms and conditions are not modified in any way by your Purchase Order. If you need your purchase order number to appear on the invoice you need to call the contact number on the front of this invoice.

Insurance: Please note that if you do not provide us with valid proof of insurance as required by the terms of your contract, we will no longer obtain property coverage under our insurance policy (except for contracts for which we already obtained such coverage), even if your contract provides us with the option of obtaining such coverage.

Contract/Customer Number: 603-0185449-000

Invoice number: 5019319639

☐ Set Up Email Delivery of this Invoice
Email: _____

Change of Billing Address:

_____ (Street)	_____ (County)
_____ (City)	_____ (State)
_____ (Person Requesting)	_____ (Phone)
_____ (Reason for Change of Billing Address)	

Change of Equipment Address:

_____ (Street)	_____ (County)
_____ (City)	_____ (State)
_____ (Person Requesting)	_____ (Phone)
_____ (Reason for Change of Equipment Address)	