

LEAF  
P.O. BOX 5066  
HARTFORD, CT 06102-5066

866-219-7924

Address Service Requested

TURNKEY PACKAGING SOLUTIONS, L  
ATTN: CHRISTOPHER BERGER  
22425 S SCOTLAND CT STE 104  
QUEEN CREEK AZ 85142-1056

## Remittance Section For Advice Only

Contract Number: 100-6835301-001  
Invoice Number: 19961589  
Invoice Due Date: 03/20/2026  
Current Invoice Due:  
**Total Paid By ACH on 03/20/2026: \$2,347.55**

Payments received after 03/15/2026 are not reflected on this invoice.

For Advice Only Payment Drafted From Account on File

Please provide address/contact changes on the reverse side.

011006835301001000120324500199615890002347558

*For Advice Only Payment Drafted From Account on File*

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P.O. BOX 5066  
HARTFORD, CT 06102-5066

Account Name: Turnkey Packaging Solutions, L  
Invoice Date: 03/15/2026  
Invoice Due Date: 03/20/2026  
**Contract Number: 100-6835301-001**  
**Invoice Number: 19961589**  
**Total Due: \$2,347.55**

## Important Messages

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With MyLEAFNow, everything you need to take control of your equipment financing is available right at your fingertips, wherever you work, on any connected device. And to make managing your equipment financing even easier, you can obtain W-9s directly from the MyLEAFNow portal!



Scan the QR code or visit [www.MyLEAFNow.com](http://www.MyLEAFNow.com) to log in today.

IDENTIFICATION NUMBER	DESCRIPTION	PAYMENT	SALES/USE TAX	LATE CHARGES	TOTAL
Contract Number 100-6835301-001	One (1) neo+ Series 2 Machining System DATE DUE 03/20/26 INSURANCE DATE DUE 03/20/26	\$2,185.19			\$2,185.19
		\$162.36			\$162.36
<b>TOTAL PAID BY ACH ON 03/20/2026</b>					<b>\$2,347.55</b>

## Account / Contact Changes (check one)

Customer Address  Billing Address  Equipment Address  All

Please provide your new address or telephone number and return this portion with your payment. Your records will be updated on request.

Company Name: \_\_\_\_\_ Contact E-mail Address: \_\_\_\_\_

New Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_


## Contact Us:

- By Phone: 866-219-7924
- For payments by check: LEAF, P.O. BOX 5066 HARTFORD, CT 06102-5066
- For e-mail inquiries: customersupport@administration-services.com

## Sample Invoice Key:

P.O. BOX 5066  
HARTFORD, CT 06102-5066


Address Service Requested  
Please provide address/contact changes on the reverse side.

4634000001 <B34>  
  
 JOE CUSTOMER  
 123 MAIN STREET  
 ANYTOWN, USA 12345-6789

**Remittance Section For Advice Only**

① Contract Number: 100-1234567-001  
 Invoice Number: 12345678  
 ② Invoice Due Date: PAST DUE  
 Current Invoice Due:  
 ③ Total Paid By ACH on 03/04/2024: **\$106.16**

Payments received after 03/04/2024 are not reflected on this invoice.  
 For Advice Only Payment Drafted From Account on File



011002345678009000123456000123456780000589620

*For Advice Only Payment Drafted From Account on File*

P.O. BOX 5066  
HARTFORD, CT 06102-5066

Account Name: JOE CUSTOMER Contract Number: 100-1234567-001  
 Invoice Date: 03/04/2024 Invoice Number: 12345678  
 Invoice Due Date: PAST DUE Total Due: **\$106.16**

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**Important Messages**

Please reference this section of the invoice for important information regarding your contract.

IDENTIFICATION NUMBER	DESCRIPTION	PAYMENT	SALES/USE TAX	LATE CHARGES	TOTAL
④ Contract Number 100-1234567-001	WATER				
	DUE DATE 05/10/23	\$49.00	\$4.08		\$53.08
	DUE DATE 06/10/23	\$49.00	\$4.08		\$53.08
<b>PLEASE PAY THIS AMOUNT</b>					<b>\$106.16</b>

If you have questions regarding your bill, or if you would like to pay by phone please give us a call and we will be happy to assist you.

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- ① **Contract Number** - Your account number. It will be helpful to have this number when calling customer service.
- ② **Invoice Due Date** - Bill must be paid before the Due Date to avoid a late fee charge.
- ③ **Amount Paid by ACH** - The amount drafted from the account on file.
- ④ **Invoice Summary** - Information pertaining to your invoice.