

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: 20121796
Invoice Due Date: 04/20/2026
Current Invoice Due:
Total Paid By ACH on 04/20/2026: \$2,347.55

Payments received after 04/15/2026 are not reflected on this invoice.

For Advice Only Payment Drafted From Account on File

Please provide address/contact changes on the reverse side.

011006835301001000120324500201217960002347554

For Advice Only Payment Drafted From Account on File

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HARTFORD, CT 06102-5066

Account Name: Turnkey Packaging Solutions, L
Invoice Date: 04/15/2026
Invoice Due Date: 04/20/2026
Contract Number: **100-6835301-001**
Invoice Number: 20121796
Total Due: **\$2,347.55**

Important Messages

MyLEAFNow Gives You More Time for What Matters Most

Focus less on bills and more on business in today's demanding environment with MyLEAFNow, where you can now sign up to have PDF invoices delivered direct to your email inbox!

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 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 04/20/26 INSURANCE DATE DUE 04/20/26	\$2,185.19			\$2,185.19
		\$162.36			\$162.36
TOTAL PAID BY ACH ON 04/20/2026					\$2,347.55

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**

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
PLEASE PAY THIS AMOUNT					\$106.16

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.