

Bryan Chambers, Chief Deputy County Attorney

Date



Application

KONICA MINOLTA

The words **you**, and **your** refer to the applicant. The words **we**, **us** and **our** refer to **Konica Minolta Business Solutions U.S.A., Inc.** (Supplier)

KMBS INFORMATION

KMBS BRANCH: 941 - PHOENIX
 REP NAME: CHAD PONTIUS
 PHONE: 602-264-9631

CUSTOMER INFORMATION

LEGAL COMPANY NAME: GILA COUNTY
 ADDRESS: 1400 E. ASH STREET
 CITY: GLOBE STATE: AZ ZIP: 85501 PHONE: FED. TAX I.D. #
 CONTACT PERSON: E-MAIL ADDRESS: TYPE OF BUSINESS: STATE OF INCORPORATION: AZ
 Corporation Proprietorship Partnership
 # OF YEARS IN BUSINESS UNDER CURRENT OWNERSHIP # OF EMPLOYEES DESCRIPTION OF BUSINESS

BILLING ADDRESS (IF DIFFERENT FROM ABOVE) CITY STATE ZIP

LEASE INFORMATION (IF APPLICABLE)

DESCRIPTION OF PRODUCT PAYMENT AMOUNT
 PRODUCT COST LEASE TERM PURCHASE OPTION
 FMV \$1.00

PERSONAL DATA

NAME OF OWNER #1	TITLE	NAME OF OWNER #2	TITLE
ADDRESS	CITY/STATE/ZIP	ADDRESS	CITY/STATE/ZIP
HOME PHONE	DATE OF BIRTH	HOME PHONE	DATE OF BIRTH
SOCIAL SECURITY #	OWNERSHIP %	SOCIAL SECURITY #	OWNERSHIP %

REFERENCE DATA

LIST PRESENT BANK(S) - PREVIOUS BANK IS REQUIRED IF APPLICANT HAS BEEN AT PRESENT BANK LESS THAN TWO YEARS

PRESENT BANK OF APPLICANT	PREVIOUS OR SECOND BANK OF APPLICANT
BRANCH PHONE	BRANCH PHONE
NAME OF BANK OFFICER ACCT. #	NAME OF BANK OFFICER ACCT. #
TRADE REFERENCES NAME AND ADDRESS	PHONE CONTACT
1.	
2.	
3.	

Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below authorizes us or any assignee or funding source which may be utilized (collectively referred to as "Lenders") to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below authorizes and instructs any person, consumer reporting agency or banking institution to compile and furnish the above named business, credit grantor and/or their respective designees with any information it may have in response to an inquiry from the above named business, credit grantor and/or supplier and/or their respective designees. Each individual signing below further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

X
 OWNER #1 - SIGNATURE: Michael A. Pastor, Chairman
 SIGNER'S PRINTED NAME: DATE

X
 OWNER #2 - SIGNATURE: SIGNER'S PRINTED NAME: DATE

ECOA NOTICE (TO BE RETAINED BY APPLICANT)

Thank you for your business credit application. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain that statement, please contact us within 60 days from the date that you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of your request for the statement. NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers our compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

IMPORTANT NEW CUSTOMER INFORMATION

To help the government fight the funding of terrorism and money laundering activities, Federal law requires financial institutions to obtain, verify and record identifying information on new customers. The personal data requested above will allow us to identify each person signing this application. We may also ask for copies of driver's licenses or other identifying documents.

23774 - 01/11/2010

KMBS Form ID 3004- 01112010-C

THIS CONTRACT IS SUBJECT TO THE CANCELLATION PROVISION OF A.R.S. 38-511