

ORDER AGREEMENT

Check Applicable Box

Purchase

Lease

Other: _____

INVOICE TO Account #	SOLD TO Account #	SHIP TO Account #
Legal Name Gila County	Legal Name	Legal Name Gila County
Attn Line 1	Attn Line 1	Attn Line 1
Attn Line 2	Attn Line 2	Attn Line 2 Community Services
Street Address 1400 E. Ash St	Street Address	Street Address 5515 So Apache Ave
City Globe State AZ Zip 85501	City State Zip	City Globe State AZ Zip 85501
Tax Exempt <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Copy Required)	Tax Exempt # _____	P.O. Expiration Date
P.O. Required <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Copy Required)	P.O. # _____	

Payment Terms: Net 30	Credit Card	Card Type _____ Name on Card _____	Amount
		Authorized Credit Card Amount: _____ (plus applicable taxes)	Check #
		Credit Card # _____ Expiration Date _____	

Requested Delivery Date: 9/12/2014 **Maintenance Contract** Accepted Declined

QTY	MATERIAL #	MATERIAL DESCRIPTION	SERIAL NUMBER	PRICE EACH	EXTENDED
1	A2X1011	BIZHUB C654e		\$ 6,335.47	\$ 6,335.47
1	A3SEPWY1	FS-534 50- SHEET STAPLING FINISHER		\$ 611.88	\$ 611.88
1	7640014724	INNVOLT POWER MANAGER		\$ 79.00	\$ 79.00
1	76400114724	BIZHUB SECURITY KIT		\$ 250.00	\$ 250.00
1	A4MF012	FAX KIT		\$ 381.08	\$ 381.08
1	VCAREACTO	Vcare			\$ -

QTY	MATERIAL #	SUPPLY - MATERIAL DESCRIPTION	PRICE EACH	EXTENDED
1	A3VU130	TN-711 K TONER	N/A	
1	A3VU430	TN-711 C TONER	N/A	
1	A3VU330	TN-711 M TONER	N/A	
1	A3VU230	TN-711 Y TONER	N/A	
1	WASTE TONER	DELIVERY CHARGE	N/A	
		INSTALLATION CHARGE	N/A	

Additional Charges:

Network Removal Other

Additional Charges TOTAL \$ **7,657.43**
(TOTAL is exclusive of applicable taxes)

Pick-Up **Requested Removal Date:**

QTY	MATERIAL #	MATERIAL DESCRIPTION	SERIAL NUMBER

Comments
Mohave Contract 10i-KMBS-0127

If order is for a purchase of equipment, Customer's signature below acknowledges receipt of KMBS Sales Terms and Conditions "Schedule A" (Revised 03-30-09) and consent to their terms, which are incorporated into this agreement. If payment by credit card is indicated above, Customer hereby grants KMBS the authority to charge the Customer's credit card in the amount indicated (plus applicable taxes). KMBS assumes no responsibility to pick-up, return to any party, and/or resolve any financial obligations on any existing Customer equipment except as specifically stated in this Agreement or separately executed form. Not binding on KMBS until signed by KMBS Manager.

Customer Name GILA COUNTY
DON E. McDANIEL JR.
Signature _____ **Date** 9/15/14
Authorized Representative of Customer

Customer Title COUNTY MANAGER

KMBS Representative Chris Ryan **Date** 9/15/2014
KMBS Manager AVP **Date** 9/15/2014

INTERNAL KMBS USE ONLY

CONTACT INFORMATION

Pre-Call / Confirmation Contact			Phone	E-Mail Address	
Christine Lopez			928-402-8694	clopez@co.gila.az.us	
Primary Delivery Contact			Phone	Alternate Delivery Contact	Phone
Same				Joni Erwin	928-402-8897
Accounts Payable Contact			Phone	E-Mail Address	
Joni Erwin			928-402-8897	jerwin@gilacountyaz.gov	
Meter Contact			Phone	E-Mail Address (Meters)	Fax Number (Meters)
Christine Lopez					
Sales Rep	Sales Rep #	Split %	Phone	Sales Rep Name (Please Print)	
Originating / Lead	9416847	25%	602-798-7341	chip.ryan@kmbs.konicaminolta.us	
Order Taking / Selling	9416847	50%			
Servicing / Installing	9416847	25%			
Sales District #	94109	100%	Split % Approval (unless over-riden by Master Agreement):		

ADDITIONAL ORDER INFORMATION

Customer Type

State Government
 Federal Government
 Key Account
 National
 Print for Pay
 Branch
 Windsor Commercial

Deduction(s):

Lease Reimb/Rebate (ZLEA): _____
 Service (ZSVC) _____
 Shipping (ZADY) _____
 Other (ZMOT) _____ Describe: _____

Additional Documents & Attachments:

Buyout Quote/Letter
 DNA w/ vCare #: _____ If checked indicate #
 Price Exception
 Other _____ Describe: _____
 Check (Copy)
 Equipment Removal Authorization
 Purchase Order
 Credit Application
 Lease Document with Approval
 Tax Exempt Certificate
 Contingency Demo Acknowledgement
 Lease Reimbursement/Rebate

Delivery Pick-Up (See Pg 1) No Movement Dealer Install New Customer CRM Row ID# _____
 Object Type: _____ Date/Time Submitted to Admin: _____

Lease #: _____ Date Document Sent to Lease Company: _____

AGREEMENT INFORMATION

PE # _____ Agreement **10i-kmbs-0127** Customer Code 1 _____
 Promotion # _____ Subfleet / Price Plan _____ / _____ Customer Code 2 _____
 Customer Code 3 _____

COMMENTS & SPECIAL INSTRUCTIONS

Mohave Contract

PRE-CALL / CONFIRMATION INFORMATION

SPOKE WITH: _____ DATE: _____ TIME: _____

Confirmed Ship To Address
 Confirmed Delivery Contact
 Confirmed Alternate Contact
 Confirmed Telephone #

Delivery Entrance Yes No
 Is Site Ready Yes No
 Delivery Hours _____ AM to _____ PM
 Front Back Side
 If No, When _____
 Mon Tues Wed Thurs Fri

Loading Dock Yes No
 Elevator Yes No
 Equipment Pick-up required Yes No

Stairs Yes No If yes, how many _____ Turns or Landings Yes No If yes, how many _____

Special requirements (i.e. certificate of insurance, security check, customer comments, etc)

If unable to reach the customer, list date/time attempted 1st call: _____ 2nd call: _____ 3rd call: _____

Intermediate Consignee _____		KIT # _____	
Order Package Edited By: _____ Date: _____		Credit Approval: _____ Date: _____	
SALES ORDER # _____	3rd Party Order # _____	PICK-UP ORDER # _____	SUPPLY ORDER # _____
DELIVERY DOC # _____	PO# _____	DELIVERY DOC # _____	DELIVERY DOC # _____