



Maintenance Agreement

Customer Information

| | | |
|--|------------------------------------|---|
| Sold to Acct #: <u>0004474978</u> | Payer/Bill to Acct #: _____ | Ship to Acct #: _____ |
| Name: <u>GILA COUNTY</u> | Name: <u>GILA COUNTY</u> | Name: <u>GILA COUNTY</u> |
| Attn/Dept: _____ | Attn/Dept: _____ | Attn/Dept: <u>JONI ERWIN</u> |
| Ste/Rm: _____ | Ste/Rm: _____ | Ste/Rm: _____ |
| Address: <u>1400 E. ASH STREET</u> | Address: <u>1400 E. ASH STREET</u> | Address: <u>1400 EAST ASH STREET</u> |
| City: <u>GLOBE</u> | City: <u>GLOBE</u> | City: <u>GLOBE</u> |
| State: <u>AZ</u> Zip: <u>85501</u> | State: <u>AZ</u> Zip: <u>85501</u> | State: <u>AZ</u> Zip: <u>85501</u> |
| Tax Exempt Customer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Tax Exemption Number: _____ | Tax Exemption Certificate must be attached when applicable. |
| PO Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | PO Number: _____ | PO Expiration Date: _____ |
| <input type="checkbox"/> Individual PO <input type="checkbox"/> Blanket PO | PO Contact: _____ | Email: _____ |
| Fleet Manager? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Name: _____ | Email: _____ |

Coverage / Billing Options

| | | |
|--------------------------|---|--|
| Coverage Options: | MFP | Wide Format |
| Select Options: | <input checked="" type="checkbox"/> Supply Inclusive <input type="checkbox"/> After Hours Service - Requires After Hours Agreement <input checked="" type="checkbox"/> Decline Digital Connected Support* | <input type="checkbox"/> Staples Included <input type="checkbox"/> Toner (Black Only) <input type="checkbox"/> 20lb Bond Roll Paper <input type="checkbox"/> Decline Digital Connected Support* |
| Billing Options: | MFP | Wide Format |
| Initial Term in Months: | <input type="checkbox"/> 36 <input checked="" type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other _____ | <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other _____ |
| Flat Rate Frequency: | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Annually | <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually |
| Meter Frequency: | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Annually | <input type="checkbox"/> Monthly |
| Aggregate Volume: | <input type="checkbox"/> B/W <input type="checkbox"/> Color | |
| Effective Date: | <input checked="" type="checkbox"/> On Install <input type="checkbox"/> Date: _____ | |
| Billing Day: | <input checked="" type="checkbox"/> Selected by KMBS <input type="checkbox"/> Preferred Day: _____ (29th, 30th, and 31st are not an available selection) | |

Internal Use

Maintenance Pricing

MA #:

| Item | Model Description | Serial Number | Type | Monthly Minimum Volume | Monthly Flat Rate \$ | Cost Per Copy Rate \$ | Start Meter | Sub Fleet | Price Plan |
|------|-------------------|---------------|-------|------------------------|----------------------|-----------------------|-------------|-----------|------------|
| 1 | BIZHUB 224E | | Color | | | | | | |
| | | | B/W | 0 | \$ 0.00 | 0.00950 | | | |
| 2 | | | Color | | | | | | |
| | | | B/W | | | | | | |
| 3 | | | Color | | | | | | |
| | | | B/W | | | | | | |

Additional Equipment on Schedule B

| Item | Model Description | Serial Number | Type | Monthly Minimum Volume (Sq. Feet) | Monthly Flat Rate \$ | Cost Per Square Foot Rate \$ | Start Meter | Sub Fleet | Price Plan |
|------|-------------------|---------------|-------|-----------------------------------|----------------------|------------------------------|-------------|-----------|------------|
| 1 | | | Color | | | | | | |
| | | | B/W | | | | | | |

Additional Equipment on Schedule C

Comments

Customer's signature below acknowledges receipt and consent to KMBS Standard Maintenance Terms and Conditions "Schedule A" dated 09/01/2014. Not binding on KMBS until signed by KMBS Manager.

Customer Name: GILA COUNTY
Please Print

Customer Title: COUNTY MANAGER

Customer Signature: [Signature] Date: 5/15/15

KMBS Representative: [Signature]

KMBS Manager Name: [Signature]
Please Print

KMBS Manager Signature: [Signature] Date: 5/15/2015

For Internal Use

| | | | | | |
|-------------------|---|---|---|---|--|
| Maintenance: | <input type="checkbox"/> with Equipment Order | <input type="checkbox"/> Maintenance Only | <input type="checkbox"/> Billed by KMBS | <input type="checkbox"/> Billed by Lease Company | <input type="checkbox"/> Dealer Serviced |
| Sales Rep Number: | Sales Rep Name: | | Sales Rep Email Address: | | |
| Originating: | <u>9416847</u> | <u>MURRAY RYAN</u> | <u>CHIP.RYAN@KMBS.KONICAMINOLTA.US</u> | <u>94109</u> | |
| Order Taking: | <u>9416847</u> | <u>MURRAY RYAN</u> | <u>CHIP.RYAN@KMBS.KONICAMINOLTA.US</u> | Processed | |
| Servicing: | <u>9416847</u> | <u>MURRAY RYAN</u> | <u>CHIP.RYAN@KMBS.KONICAMINOLTA.US</u> | <input type="checkbox"/> Branch <input checked="" type="checkbox"/> Windsor | |