



KMBS 085612

10/16/15

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Attn: David Ratcliffe  
 Konica Minolta Business Solutions U.S.A.,  
 4415 East Cotton Center Blvd. Suite 150  
 Phoenix AZ 85040

Mem PO# GC  
 Attn: Gila County  
 Ship to: Gila County

VENDOR: Review this purchase order for compliance with the terms, conditions and prices in your applicable MESC contract. Acceptance of the purchase order shall indicate compliance. Contact your Mohave Procurement Specialist if you find errors or omissions. Vendor Fax # 602-234-2406 Member Ph #

QTY	Item #	Description	Price	Ext. Price
1		3-Year lease for a BizHub C224e copier from Konica thru Baystone (Non-Contract)	\$3,256.70	\$3,256.70

Total of Materials, Services, and Construction	\$3,256.70
Labor	
Travel Hours	
<b>Total</b>	<b>\$3,256.70</b>

Non-Admin Items	Per Diem Bond Permits Shipping Other Non-Admin Fee Items Trade In Amount
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Special Billing Instructions: DO NOT bill Mohave for this order. See above for billing instructions. Contact Griselda Cruz with any questions.

Authorized Signature

Purchase verification: It is the member's responsibility to independently verify that quotations and purchase orders comply with the terms of the award of a contract or procurement.

NOTE: All merchandise FOB "Ship To" Destination. NO P.O. Increase without Mohave Approval. Unless otherwise stated this p.o. is cancelled after <<poExp>>. Pursuant to terms & conditions of MESC Bid Contract 10I-KMBS-0127.

**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 PROBATION</u>	
Attn/Dept:		Attn/Dept:		Attn/Dept: <u>ANITA ZARAGOZA</u>	
Ste/Rm:		Ste/Rm:		Ste/Rm:	
Address: <u>1400 E. ASH STREET</u>		Address: <u>1400 E. ASH STREET</u>		Address: <u>1426 E. SOUTH 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:		PO must be attached when applicable.	
Fleet Manager? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Name:		Email:	
				Ph:	

Coverage / Billing Options					
Coverage Options:			<b>MFP</b>		<b>Wide Format</b>
Select Options:			<input checked="" type="checkbox"/> Supply Inclusive <input checked="" type="checkbox"/> Staples Included <input type="checkbox"/> After Hours Service - Requires After Hours Agreement <input checked="" type="checkbox"/> Decline Digital Connected Support*		Select Options: <input type="checkbox"/> Toner (Black Only) <input type="checkbox"/> 20lb Bond Roll Paper <input type="checkbox"/> Decline Digital Connected Support*
Billing Options:			<b>MFP</b>		<b>Wide Format</b>
Initial Term in Months:			<input checked="" type="checkbox"/> 36 <input 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 checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Annually		<input type="checkbox"/> Monthly
Aggregate Volume:			<input type="checkbox"/> B/W <input type="checkbox"/> Color		<input type="checkbox"/> B/W <input type="checkbox"/> Color
Effective Date:			On Install <input type="checkbox"/> Date: <u>1-29-16</u> <b>CR</b> All Devices		
Billing Day:			<input checked="" type="checkbox"/> Selected by KMBS <input type="checkbox"/> Preferred Day: _____ (29th, 30th, and 31st are not an available selection)		

Maintenance Pricing								MA #	
MFP			Monthly Minimum Volume		Monthly Flat Rate \$	Cost Per Copy Rate \$	Start Meter	Sub Fleet	Price Plan
1	BIZHUB C224E		Color			0.05020			
			B/W		\$ 27.30	0.00000			
2			Color						
			B/W						
3			Color						
			B/W						
<input type="checkbox"/> Additional Equipment on Schedule B									
Wide Format			Monthly Minimum Volume (Sq. Feet)		Monthly Flat Rate \$	Cost Per Square Foot Rate \$	Start Meter	Sub Fleet	Price Plan
1			Color						
			B/W						
<input type="checkbox"/> Additional Equipment on Schedule C									

Mohave Contract 101-KMBS-0127  
 90 DAY WARRANTY per contract 10-30-15 - 1-29-16

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
Originaling	Sales Rep Number: <u>9416847</u>	Sales Rep Name: <u>MURRAY RYAN</u>	Sales Rep Email Address: <u>CHIP.RYAN@KMBS.KONICAMINOLTA.US</u>	Sales District: <u>94100</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"/> Wmdso:	

**MyKMBS.com  
Access Request Form**

Customer Name: GILA COUNTY

Business Class:  Corporate Acct  National  Government  Branch  
New or Existing Customer:  New  Existing

SAP Account #: 0004474978/0004474978  
Required Field

Serial Number(s):  
(include at least one)

1	_____	4	_____	7	_____
2	_____	5	_____	8	_____
3	_____	6	_____	9	_____

USER

Role:  Fleet Manager\*  Local Manager\*\*  Meters Only  Order Supplies Only  Service Calls Only  
If Fleet Manager or Local Manager is selected, also check one of the following:  
 Set-up to view all locations  Set-up to view only the location(s) linked to specified serial number(s)

First Name: BETTY Last Name: HURST  
Required Required  
Email: BHURST@GILACOUNTYAZ.GOV

USER

Role:  Fleet Manager\*  Local Manager\*\*  Meters Only  Order Supplies Only  Service Calls Only  
If Fleet Manager or Local Manager is selected, also check one of the following:  
 Set-up to view all locations  Set-up to view only the location(s) linked to specified serial number(s)

First Name: ANITA Last Name: ZARAGOZA  
Required Required  
Email: AZARGOZ@GILACOUNTYAZ.GOV

USER

Role:  Fleet Manager\*  Local Manager\*\*  Meters Only  Order Supplies Only  Service Calls Only  
If Fleet Manager or Local Manager is selected, also check one of the following:  
 Set-up to view all locations  Set-up to view only the location(s) linked to specified serial number(s)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Required Required  
Email: \_\_\_\_\_

\* Fleet Manager - All capabilities of Local Managers as well as the ability to manage users and see reports.  
\*\* Local Manager - Gives user the ability to place supply orders, initiate service calls, report meter reads and pay invoices by credit card.  
Have customer alert Na/her IT Department to accept the following email addresses:  
meterreads@kmb.konicaminolta.us activation@kmb.konicaminolta.us extrenet@kmb.konicaminolta.us

KMBS

Representative: MURRAY RYAN Territory Code: 941908 Sales Manager: STEVEN FIELDS Territory Code: 941800  
Corporate Acct Mgr: \_\_\_\_\_ Territory Code: \_\_\_\_\_ Branch Name: 941 - PHOENIX Branch Number: 941  
If Applicable

Branch forms are to be submitted with your sales order to your local branch administrators  
For Corporate, National, and Government accounts, email completed form to mykmbs.rwd@kmb.konicaminolta.us

COMMENTS

## Order Package Acceptance Agreement

**Customer Name/Address:**

GILA COUNTY  
1400 E. ASH STREET  
GLOBE, AZ 85501

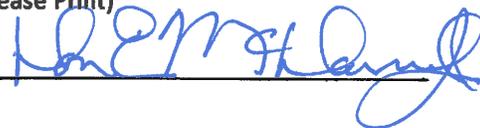
Customer's signature below constitutes Customer's acceptance of the preceding forms in this Order Package (as identified by Order Package ID S00265940 time stamped 10/13/15 06:57 PM).

This Order Package is governed by the terms and conditions of the Master Agreement contract between Konica Minolta Business Solutions U.S.A., Inc. and MOHAVE EDUCATIONAL SERVICES COOP dated 01/27/2011 terms of 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.

**Authorized Customer Representative**

Name: Don E. McDaniel, Jr.  
(Please Print)

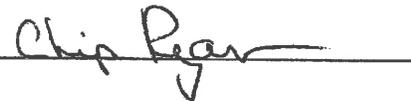
Signature: 

Title: COUNTY MANAGER

Date: 11/3/15

**KMBS Representative**

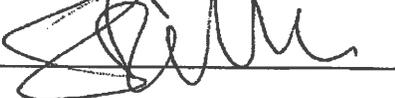
Name: Chip Ryan  
(Please Print)

Signature: 

Date: 10-13-15

**KMBS Manager**

Name: Steve Fields  
(Please Print)

Signature: 

Date: 10/13/2015