



KONICA MINOLTA

Mohave Educational Services Cooperative Contract 10i-KMBS-0127

KMBS CPC Service & Maintenance Agreement

Sold To: (legal name)

Name: Gila County Account Number: _____

Name: Gila County Account Number: _____

Address Line 1: _____

Address Line 1: Recorders Office

Address Line 2: Gila County Finance

Address Line 2: _____

Street Address: 1400 E. Ash Street

Street Address: 1400 E. Ash Street

City: Globe State: Az Zip: 85501

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Tax Exemption No Yes (Certificate required)

Tax Exemption Number: _____

PO Required No Yes (Copy required)

PO Number: _____ PO Expiration Date: _____

Advantage CPC Maintenance Plan

Cost Per Copy

With Supplies Without Supplies - Purchased Separately

Effective Date: 90 Days from Install

Billing for CPC contract: Monthly Quarterly Annually

Contract Term (Months): 12 24 36 48 60

Overages billed: Monthly Quarterly Annually

Product Covered Under Contract:

Item	Model Description	Serial Number	Type	Start Meter Read	Monthly Min Volume	CPC	Monthly Min \$	Overage CPC
1	BizHub 554e		C					
			B/W	Flat Rate - Unlimited			\$ 63.44	
2			C				761.25 Annual	
			B/W					
3			C					
			B/W					
4			C					
			B/W					
5			C					
			B/W					
6			C					
			B/W					

Comments

This agreement incorporates Schedule A-1 KMBS Modified Standard Maintenance Terms and Conditions for Mohave Educational Services Cooperative (MESCC), a copy of which is available upon request. Not binding on KMBS until signed by KMBS Manager.

Customer Name: Gila County KMBS Representative: _____

Signature: Don E. McDaniel Jr. Please Print 1/20/16 Date
 Authorized Representative of Customer

KMBS Representative: Robert O. Barney Date
 KMBS Manager: _____ Date

Title: Don E. McDaniel Jr., County Manager

FOR INTERNAL USE

New Customer Maintenance w/ Equipment Order Maintenance Only Maintenance Billed by KMBS Maintenance Billed by Lease Company Dealer Serviced

PE #: _____ Agreement #: _____ Customer Code 1: Mohave Contract

Promotion #: _____ Price Plan #: _____ Customer Code 2: _____

Subfleet #: _____ Customer Code 3: _____

Key Operator Contact: _____ Phone: _____ Email Addr: _____

Meter Read Contact: _____ Phone: _____ Email Addr: _____

Accounts Payable Contact: _____ Phone: _____ Email Addr: _____

Special Instructions: _____

Additional Documents Attached: Price Exception Tax Exempt Certificate
 Purchase Order Credit Application

Originating:	Sales Rep Number	Sales Rep Name (Please Print)	Sales Rep Email Address
		Robert Barney	robbamey@cablone.net
Order Taking:			
Servicing:			

Contract Processed: Windsor, CT Branch Interstate Copy Shop (Branch Name)