



KONICA MINOLTA
Standard CPC Maintenance Contract

Sold To: (Legal name)			Ship To:		
Name: <u>PALATINE TOWNSHIP</u>	Account Number: <u>163328</u>		Name: <u>PALATINE TOWNSHIP</u>	Account Number: <u>163328</u>	
Address Line 1: <u>ATTN: PHYLLIS GERTNEY</u>			Address Line 1: <u>ATTN: PHYLLIS GERTNEY</u>		
Address Line 2: _____			Address Line 2: _____		
Street Address: <u>721 S QUENTIN ROAD</u>			Street Address: <u>721 S QUENTIN ROAD</u>		
City: <u>PALATINE</u>	State: <u>IL</u>	Zip: <u>60067</u>	City: <u>PALATINE</u>	State: <u>IL</u>	Zip: <u>60067</u>
Tax Exemption <input type="checkbox"/> No <input type="checkbox"/> Yes (Certificate required)			Tax Exemption Number: _____		
PO Required <input type="checkbox"/> No <input type="checkbox"/> Yes (Copy required)			PO Number: _____ PO Expiration Date: _____		

Standard CPC Maintenance Plan

Cost Per Copy
 With Supplies Without Supplies - Purchased Separately

Effective Date: 08/07/10 TO 08/06/11

Billing for CPC contract: Monthly Quarterly Annually
Overages billed: Monthly Quarterly Annually

Contract Term (Months): 12 24 36 48 60

Digital Support Service:
 Digital Support Service (DSS) through the Digital Solution Center (DSC) at a rate of \$10.00 per serial number monthly will automatically be added to the base payment below unless customer declines DSS coverage by checking the following box:

Product Covered Under Contract:

Item	Model Description	Serial Number	Type	Start Meter Read	Monthly Min Volume	CPC	Monthly Min \$	Overage CPC
1	BIZHUB C451	A00K010009162	C			0.0735		
			B/W			0.0095		
2			C					
			B/W					
3			C					
			B/W					
4			C					
			B/W					
5			C					
			B/W					
6			C					
			B/W					

Comments: _____

Customer's signature below acknowledges receipt and consent to KMBS Standard Maintenance Terms and Conditions "Schedule A" dated 02-01-10. Not binding on KMBS until signed by KMBS Manager.

Customer Name: Linda Fleming KMBS Representative: _____

Signature: *Linda Fleming* Please Print KMBS Manager: *Chadley* Date: _____

Title: Township Supervisor Date: _____

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: _____

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

	Sales Rep Number	Sales Rep Name (Please Print)	Sales Rep Email Address
Originating:			
Order Taking:			
Servicing:			

Contract Processed: Windsor, CT Branch _____ (Branch Name)



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Name: PALATINE TOWNSHIP	Account Number: 163328		Name: PALATINE TOWNSHIP	Account Number: 163328	
Address Line 1: ATTN: PHYLLIS GERTNEY			Address Line 1: ATTN: PHYLLIS GERTNEY		
Address Line 2:			Address Line 2:		
Street Address: 721 S QUENTIN ROAD			Street Address: 721 S QUENTIN ROAD		
City: PALATINE	State: IL	Zip: 60067	City: PALATINE	State: IL	Zip: 60067
Tax Exemption	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Certificate required)	Tax Exemption Number:		
PO Required	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Copy required)	PO Number:	PO Expiration Date:	

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Product Covered Under Contract:

Item	Model Description	Serial Number	Type	Start Meter Read	Monthly Min Volume	CPC	Monthly Min \$	Overage CPC
1	BIZHUB 181	A08E011002256	C					
			B/W			0.0095		
2	BIZHUB 350	31133087	C					
			B/W					
3			C					
			B/W					
4			C					
			B/W					
5			C					
			B/W					
6			C					
			B/W					

Comments:

Customer's signature below acknowledges receipt and consent to KMBS Standard Maintenance Terms and Conditions "Schedule A" dated 02-01-10. Not binding on KMBS until signed by KMBS Manager.

Customer Name: Linda Fleming KMBS Representative: _____
 Signature: [Signature] Date: _____
 Title: Township Supervisor KMBS Manager: [Signature] Date: _____

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: _____
 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

	Sales Rep Number	Sales Rep Name (Please Print)	Sales Rep Email Address
Originating:			
Order Taking:			
Servicing:			

Contract Processed: Windsor, CT Branch _____ (Branch Name)