

Order Package Acceptance Agreement

Customer Name/Address: VILLAGE OF GRAYSLAKE POLICE DEPARTMENT 10 S SEYMOUR AVE POLICE ADMIN GRAYSLAKE, IL 60030-1542 Customer's signature below constitutes Customer's acceptance of the preceding forms in this Order Package (as identified by Order Package ID S00430346 time stamped 06/06/18 04:29 PM). Customer's signature below also acknowledges Customer's consent to: a) 'KMBS Standard Sales Terms and Conditions - Schedule A (Updated September 1, 2015)' and b) 'KMBS Standard Maintenance Terms and Conditions - Schedule A (Updated September 1, 2015)', both of which are available in hardcopy upon request or online at http://kmbs.konicaminolta.us/SalesTerms-K75A and http://kmbs.konicaminolta.us/MaintenanceTerms-M93C respectively, 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** KMBS Representative Name: Signature: **KMBS Manager** Name: (Please Print) Signature:

Date:

Order Package: S00430346 06/06/18 04:29 PM Page 001 of 004

Form: 3000-090115-OS



Order Agreement

Check Applicable Box X Purch		nase 🗆 Lease 🗀 Othe			ier:						
INVOICE	TO Account #		SOLD TO Ac	ccount #SO 00050713	, 357	SHIP TO Accou	nt_#				
Legal Nar	me VILLAGE OF GRAY	YSLAKE - POLICE DEPARTMENT	Legal Name VILLAG	SE OF GRAYSLAKE POLICE	E DEPARTMENT	Legal Name VILLAGE OF	egal Name VILLAGE OF GRAYSLAKE POLICE DEPARTMENT				
Attn Line	1 CHASE MUSCA	ATO	Attn Line 1 CHASE				ttn Line 1 CHASE MUSCATO				
Attn Line	2		Attn Line 2 POLICI	F ADMIN		Attn Line 2	· · · · · · · · · · · · · · · · · · ·				
Street Ad	idress 10 S SEYMO	OUR AVE	1	S SEYMOUR AVE		Street Address 10 S S	EYMOUR AV	E.			
	AYSLAKE	State IL Zip 1542	City GRAYSLAKE		60030- Zip 1542	City GRAYSLAKE	60030-				
Tax Exem	npt □ No 🕱	(Yes (Copy Required)	Tax Exempt # XX		41P 10-12	OR OTHER DEPTILE	My GRATSEARE State IE ZIP 1942				
<u> </u>		Yes (Copy Required)	P.O. #			. Expiration Date					
Payment NET 30		Yes, I wa	int to pay by Credit C	Card. Please provide o	contact name/phon	e below.	Amount	_			
NEI 30	DATS	Contact Nam	ill (incidding applicad	ble tax) 🔲 Partial	Payment, Amount Phone:		은 Check#				
Requ	ested Delivery Da	ate: SEE ATTACHED	<u>v.</u>	Maintenance (ccepted Declined	Oncox ii				
QTY	MATERIAL #	MATERIAL DES	CRIPTION	1	L NUMBER	PRICE E	ACH	EXT	ENDED		
2	A7PY017	BIZHUB C308 COPIER					2,764.00		5,528.00		
2	7670525506	DELIVERY CHARGE - I				\$	0.00	\$	0.00		
2	7640018094	BASIC NETWORK SER				\$	0.00	\$	0.00		
2	A85GWY2	DF-704 DUAL SCAN DO				\$		\$	858.00		
2	A2XM019	PC-410 LARGE CAPAC				\$		\$	662.00		
2	A2YUWY2	FS-533 FINISHER (50-5		,		\$		\$	862.00		
2	A3EUW12	PK-519 PUNCH KIT (2/3				\$		\$	290.00		
2	MXA87AWY1KMUS	UPGRADE KIT UK-211	MATERIAL DE LA CONTRACTOR DE LA CONTRACT			\$		\$	102.00		
2	A883011 7640015657	FK-514 FAX KIT (SUPP BIZHUB SECURE	ORIS 151 & ZND			\$		\$	544.00		
	7640013637	BIZHUB SECONE		_		\$	250.00	\$	500.00		
-								-			
											
QTY	MATERIAL #	SUPPLY - MATERIAL	DESCRIPTION			PRICE E	ACH	EXT	ENDED		
2	A8DA430	TN324C TONER (YIELD			N/A	\$		\$	0.00		
2	A8DA130	TN324K TONER (YIELI	D:28K)		N/A	\$		\$	0.00		
2	A8DA330	TN324M TONER (YIEL	.D:26K)		N/A	\$	0.00	\$	0.00		
2	A8DA230	TN324Y TONER (YIELI	D:26K)		N/A	\$	0.00	\$	0.00		
		<u> </u>			N/A						
1 BOITIC				<u></u>	N/A						
ADDITIO	NAL CHARGES					Additional Charge	es				
	Network	☐ Removal	ı	☐ Other		TOTAL (TOTAL is exc	lusive of applic		9,346.00		
				. — Valei		///	Idaire of app	ravio eur.	:5/		
		Requested Removal Da									
QTY	MATERIAL #		MATERIAL DE	ESCRIPTION	·		SERIAL NUME	BER			
									-		
				COMMENTS							

Order Package: S00430346 06/06/18 04:29 PM Page 002 of 004



Maintenance Agreement

Post Control Post Control Post P							**/*	Custo	mer Information	المارية فالوائدا		1000		148 W + 2011 1
March Marc	Sold	to Acct	#:	00050	71357		Payer/B	II to Acct #:			Ship to Acc	t#:		
Second Policie Addition Second	Nan	VILLAGE OF GRAYSLAKE POLICE			Name:	VILLAGE OF T	FRAYSLAKE POLICE DE	EPARTME	Name:	VILLAGE OF GRAYSLAKE POLICE DEPARTME				
Address 10 S SEYMOUR AVE	Attr	n/Dept:	CHASE MUSCATO			Attn/De	ittn/Dept: CHASE MUSCATO			Attn/Dept:	CHASE MUSCATO			
Online	Ste/	/Rm:	POLICE	OLICE ADMIN			Ste/Rm:	POLICE ADMIN			Ste/Rm:			
State	Add	iress:	ress: 10 S SEYMOUR AVE					idress: 10 S SEYMOUR AVE			Address:	5: 10 S SEYMOUR AVE		
Tax Exemption Customer? Tax Exemption Number: Tax Exemption Customer Tax Exemption Custom	City	r:	GRAYSLAKE				City:	GRAYSLAKE			City:	GRAYSLAKE		
PO Required?	Stat	te:	IL	Zip:	6003	0-1542	State:	IL 2	^{lip:} 60030-1542		State:	iL	Zip: 60030-	1542
PO Required?	Tax	Exempt 0	Customer	?	₩ Yes	По	Tay Fyer	nntion Number	.0.4	Tay	Evemotion	Cartificate m	ert ha attached whe	annticable
Individual PO					⊠ No						Lacinpoon			* *
Coverage Options:		☐ Indiv	idual PO	□ ві	anket PO	PO Contact:								
Coverage Options: MEP	Flee	et Manage	er?	⊠ Yes	□ No	Name:	CHASE	MUSCATO		ALISCATO@VIL	AGEOEGR	AVSI AKE CO		23 8515
Coverage Options: MFP Select Options: Select Option: Select Opt		1		49/11/3	<i>)</i>					NO3CATO@VIL	AGLOFGR	ATSLAKE.CC	W 0412	23 63 13
Supply Inclusive		Co	verage O	ptions:			MF				Wi	de Format		
Stein Hours Service - Requires After Hours Agreement 2018 Bond Roll Paper									Se					
Billing Options: Silling Opt							e - Requir	es After Hours Agree	ement					
Billing Options:						🔀 Decline Digital Co	nnected Si	ipport*		Decline Dig	ital Connect	ted Support*		
Initial Term is Months: \$ 5			Rilline (1	ntions:	* Digital				billed at \$12.00 per ser	ial number mo			bove.	
Flat Rate Frequency:					ĺ			Professional Control of the Control		□ 36 □		and the section of	ther	
Aggregate Volume: B/W Color Selected by KMIs Date: (29th, 30th, and 31st are not an available selection) Internal Use							Quarteri	y Annually	•		-			
Effective Date: silling Day: Selected by KMIS Preferred Day: (28th, 30th, and 31st are not an available selection) Internal Use								y 🔲 Annually		☐ Monthly				
Effective Date: Billing Day: Date: Preferred Day: (28th, 30th, and 31st are not an available selection) Internal Use		~4	RRICROIC	voturile.	4.25	B/W		Andrew Jense 197	All Devices	44,500, 155,	45344	in the second	ar dad i sa	
Item Model Description Senial Number Type Monthly Minimum Volume Volum							Date:		_				- 18 - 18 - 18 - 18 - 18 - 18 - 18 - 18	•
Item Model Description Sensi Rumber Type Monthly Minimum Volume PRINTER Sub Fleet Price Plan			Bill	ing Day:		Selected by KMBS		Preferred Day:	29th, 30th, and 31st a	ere not an availa	ble selection)		
Item Model Description Serial Number Type Volume Volum	194 Y		John State				Danint			59 5 4 5 c				ernai Use
Item Model Description Serial Number Type Volume Monthly Flat Rate Scot Per Copy Rate Start Meter Sub Fleet Price Plan				B	AED.		Mighing	en a bare visition and			<u> </u>		MA#:	
1	item	Mod	el Descrip		200	rial Number	Type	•	Monthly Flat Rate \$	Cost Per Copy	Rate \$	Start Meter	Sub Fleet	Price Plan
BIZHUB C308 COPIER/ B/W	, [BIZHUB	C308 CO	PIER/					0.00	0.0			544/93/1955	Victoria de la compansión de la compansi
B/W 0.00 0.00390 Additional Equipment on Schedule B Wide Format Monthly Minimum Monthly Flat Rate S Start Meter Sub Fleet Price Plan	_	PRINTER	₹				+		0.00	0.0	0390			
Color For Internal Use Start Meter Sub Fleet Price Plan	2	BIZHUB	C308 CO	PIER/			\longrightarrow		0.00	0.0	4000		NO SECTION OF THE SEC	
Additional Equipment on Schedule B Wide Format Monthly Minimum Wonthly Flat Rate \$ Cost Per Square Foot Rate \$ Start Meter Sub Fleet Price Plan	ľ	PRINTER					+	***************************************	0.00	0.0	0390			
Additional Equipment on Schedule B Wide Format Monthly Minimum Monthly Flat Rate \$ Cost Per Square Foot Rate \$ Start Meter Sub Fleet Price Plan	3									<u> </u>				
Wide Format Monthly Minimum Monthly Minimum Monthly Flat Rate Series Start Meter Sub Fleet Price Plan	Ĺ	ПА	dditional	Fauioment	on Sched	ule B	1 2/10 1			<u> </u>			**************************************	
Item Model Description Serial Number Type Volume (Sq. Feet) Monthly Flat Rate \$ Rate \$ Start Meter Sub Fleet Price Plan Color		J.		the first section in	the fact that the same			Monthly Minimum		Cost Per Soua	re Foot			
Additional Equipment on Schedule C COMMENTS - STAPLES INCLUDED For Internal Use Maintenance: with Equipment Order Maintenance Only Billed by KMBS Billed by Lesse Company Dealer Serviced Sales Rep Number Sales Rep Number Sales Rep Name Sales Rep Email Address Sales District Originating: 9244593 ANTONETTE TOBIN ATOBIN@KMBS.KONICAMINOLTA.US 24603 Processed	item	Mode	el Descrip	tion	Se	rial Number	Type	•	Monthly Flat Rate \$			Start Meter	Sub Fleet	Price Plan
Additional Equipment on Schedule C Comments	1						Color						COSTREE NEW	\$40,000,000
Comments For Internal Use Maintenance:	Ĺ						B/W							
For Internal Use With Equipment Order Maintenance Only Billed by KMBS Billed by Lease Company Dealer Serviced		□ A	dditional	Equipment	on Sched	ule C								
Maintenance: with Equipment Order Maintenance Only Billed by KMBS Billed by Lease Company Dealer Serviced Sales Rep Number Sales Rep Name Sales Rep Email Address Sales District				<u>rufut (d.e. e.)</u>	. 10 (0.5)		<u>. Nesture l</u>		Comments					
Maintenance: with Equipment Order Maintenance Only Billed by KMBS Billed by Lease Company Dealer Serviced Sales Rep Number Sales Rep Name Sales Rep Email Address Sales District														
Maintenance: with Equipment Order Maintenance Only Billed by KMBS Billed by Lease Company Dealer Serviced Sales Rep Number Sales Rep Name Sales Rep Email Address Sales District														
Maintenance: with Equipment Order Maintenance Only Billed by KMBS Billed by Lease Company Dealer Serviced Sales Rep Number Sales Rep Name Sales Rep Email Address Sales District														
Maintenance: with Equipment Order Maintenance Only Billed by KMBS Billed by Lease Company Dealer Serviced Sales Rep Number Sales Rep Name Sales Rep Email Address Sales District														
Maintenance: with Equipment Order Maintenance Only Billed by KMBS Billed by Lease Company Dealer Serviced Sales Rep Number Sales Rep Name Sales Rep Email Address Sales District														
Maintenance: with Equipment Order Maintenance Only Billed by KMBS Billed by Lease Company Dealer Serviced Sales Rep Number Sales Rep Name Sales Rep Email Address Sales District														
Maintenance: with Equipment Order Maintenance Only Billed by KMBS Billed by Lease Company Dealer Serviced Sales Rep Number Sales Rep Name Sales Rep Email Address Sales District														
Maintenance: with Equipment Order Maintenance Only Billed by KMBS Billed by Lease Company Dealer Serviced Sales Rep Number Sales Rep Name Sales Rep Email Address Sales District								For	Internal Use					·
Sales Rep Number Sales Rep Name Sales Rep Email Address Sales District Originating: 9244593 ANTONETTE TOBIN ATOBIN@KMBS.KONICAMINOLTA.US 24603 Order Taking: 9244593 ANTONETTE TOBIN ATOBIN@KMBS.KONICAMINOLTA.US Processed Servicing: 9244593 ANTONETTE TOBIN ATOBIN@KMBS.KONICAMINOLTA.US □ Branch Branch MINIOSOT	Mainten	nance:	☐ wit	h Equipme	nt Order	☐ Maintenance	Only I	54.4., 51.4.5., 54., 5., 5.5.5.	医克朗氏征 化氯基基苯酚 医自己性 医皮肤 电电流电流 医内室管线	mpany [7]	Dealer Servi	ced		TANGE HERE
Order Taking: 9244593 ANTONETTE TOBIN ATOBIN@KMBS.KONICAMINOLTA.US Processed Servicing: 9244593 ANTONETTE TOBIN ATOBIN@KMBS.KONICAMINOLTA.US ANTONETTE TOBIN ATOBIN@KMBS.KONICAMINOLTA.US ANTONETTE TOBIN ATOBIN@KMBS.KONICAMINOLTA.US Branch ☑ Windsor		e ge er e e.	. 41.74	李海亚 医肾术失效 化	4. 4	17 (a. h. h. h. d. h.	建设施工工 电压		化二十二十二十二 医二甲二二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	A Supragramme and A Supragramme A Supragramme and A Supragramme A Suprag			Sales District	
Order Taking: 9244593 ANTONETTE TOBIN ATOBIN@KMBS.KONICAMINOLTA.US Processed ANTONETTE TOBIN ATOBIN@KMBS.KONICAMINOLTA.US Processed ATOBIN@KMBS.KONICAMINOLTA.US □ Branch ☑ windsor	Originati	ing:		244593							US			7
KONICA MINOLTA BUSINESS SOLUTIONS U.S.A., INC.	Order Ta	aking:												
	Servicing	g:		244593		ANTONETTE TOB	IN					☐ Branch ☑ Windsor		
100 Williams Drive, Ramsey, N.I. 07446 (201) 825-4000, www.kmbs konicaminolta us Form: 1011-05011 /			* 15	<u> </u>		<u> </u>							Terre e transition	4044 050447 (



MyKMBS.com Access Request Form

	Customer Name: V	ILLAGE (OF GRAY	SLAKE P	OLICE DE	PARTMENT				
	Busi New or Existing Serial Number(s): (Include at least one)	1	Corporate Acct	National systems	4 5 6	☐ Branch		P Account #: 00050 Required if exist 7 8 9	71357/00050713	57
USER	Role	If Fleet Manager* If Set-up to view		er is selected, a	lso check one of th					
SN	First Name:		ATO@VIL	LAGEOF	GRAYSLA	KE.COM	Last Name:	MUSCATO Required		
USER	Role:	☐ Fleet Manager* If Fleet Manage ☐ Set-up to view a	r or Local Manage	er is selected, al	Iso check one of the		Only			
Sn	First Name: Email:	Required					Last Name:	Required	· · · · · · · · · · · · · · · · · · ·	
USER	Role:			er is selected, al	so check one of the		Only			
Sn	First Name: Email:	Required Required	411.441.44				Last Name:	Required		
	* Fleet Manager - All capabiliti ** Local Manager - Gives user Have customer alert his/her IT meterreads@kmbs.konicamino	the ability to place Department to a	ce supply orders, ccept the following	initiate service c g email address	alls, report meter re es:	eads and pay invoices	by credit card.			
KMBS	Representative: Corporate Acct Mgr:	ff Applicable	orms are to be s	Territory Co	de:			246 - ROLLING B: MEADOWS		2466155 246
COMMENTS										

Form: 3008-090115-OS