

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

X Name: MICHAEL J. ELLIS
(Please Print)

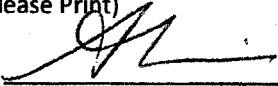
Signature: 

Title: VILLAGE MANAGER

Date: 06/08/2018

KMBS Representative

Name: Antoinette Tobin
(Please Print)

Signature: 

Date: 6/6/18

KMBS Manager

Name: _____
(Please Print)

Signature: _____

Date: _____



Order Agreement

Check Applicable Box Purchase Lease Other:

INVOICE TO Account #	SOLD TO Account # SO 0005071357	SHIP TO Account #
Legal Name VILLAGE OF GRAYSLAKE - POLICE DEPARTMENT	Legal Name VILLAGE OF GRAYSLAKE POLICE DEPARTMENT	Legal Name VILLAGE OF GRAYSLAKE POLICE DEPARTMENT
Attn Line 1 CHASE MUSCATO	Attn Line 1 CHASE MUSCATO	Attn Line 1 CHASE MUSCATO
Attn Line 2	Attn Line 2 POLICE ADMIN	Attn Line 2
Street Address 10 S SEYMOUR AVE	Street Address 10 S SEYMOUR AVE	Street Address 10 S SEYMOUR AVE
City GRAYSLAKE State IL Zip 60030-1542	City GRAYSLAKE State IL Zip 60030-1542	City GRAYSLAKE State IL Zip 60030-1542
Tax Exempt <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Copy Required)	Tax Exempt # XX	
P.O. Required <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Copy Required)	P.O. #	P.O. Expiration Date

Payment Terms: NET 30 DAYS	Credit Card	<input type="checkbox"/> Yes, I want to pay by Credit Card. Please provide contact name/phone below. <input type="checkbox"/> Pay in Full (including applicable tax) <input type="checkbox"/> Partial Payment, Amount \$ _____ Contact Name: _____ Phone: _____	Check Amount Check #
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Requested Delivery Date: SEE ATTACHED **Maintenance Contract** Accepted Declined

QTY	MATERIAL #	MATERIAL DESCRIPTION	SERIAL NUMBER	PRICE EACH	EXTENDED
2	A7PY017	BIZHUB C308 COPIER/PRINTER		\$ 2,764.00	\$ 5,528.00
2	7670525506	DELIVERY CHARGE - LEVEL 1		\$ 0.00	\$ 0.00
2	7640018094	BASIC NETWORK SERVICE - BNS04		\$ 0.00	\$ 0.00
2	A85GWY2	DF-704 DUAL SCAN DOCUMENT FEEDER		\$ 429.00	\$ 858.00
2	A2XM019	PC-410 LARGE CAPACITY CASSETTE (2		\$ 331.00	\$ 662.00
2	A2YUWY2	FS-533 FINISHER (50-SHEET INNER STA		\$ 431.00	\$ 862.00
2	A3EUW12	PK-519 PUNCH KIT (2/3 HOLE - FOR FS-		\$ 145.00	\$ 290.00
2	MXA87AWY1KMUS	UPGRADE KIT UK-211 MEMORY EXPR		\$ 51.00	\$ 102.00
2	A883011	FK-514 FAX KIT (SUPPORTS 1ST & 2ND		\$ 272.00	\$ 544.00
2	7640015657	BIZHUB SECURE		\$ 250.00	\$ 500.00

QTY	MATERIAL #	SUPPLY - MATERIAL DESCRIPTION	PRICE EACH	EXTENDED
2	A8DA430	TN324C TONER (YIELD:26K)	N/A	\$ 0.00
2	A8DA130	TN324K TONER (YIELD:28K)	N/A	\$ 0.00
2	A8DA330	TN324M TONER (YIELD:26K)	N/A	\$ 0.00
2	A8DA230	TN324Y TONER (YIELD:26K)	N/A	\$ 0.00
			N/A	
			N/A	

ADDITIONAL CHARGES <input type="checkbox"/> Network <input type="checkbox"/> Removal <input type="checkbox"/> Other	Additional Charges TOTAL \$ 9,346.00 (TOTAL is exclusive of applicable taxes)
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PICK-UP	Requested Removal Date: 06/29/2018		
QTY	MATERIAL #	MATERIAL DESCRIPTION	SERIAL NUMBER

COMMENTS

Maintenance Agreement

Customer Information

Sold to Acct #:	0005071357	Payer/Bill to Acct #:		Ship to Acct #:	
Name:	VILLAGE OF GRAYSLAKE POLICE DEPARTMENT	Name:	VILLAGE OF GRAYSLAKE POLICE DEPARTMENT	Name:	VILLAGE OF GRAYSLAKE POLICE DEPARTMENT
Attn/Dept:	CHASE MUSCATO	Attn/Dept:	CHASE MUSCATO	Attn/Dept:	CHASE MUSCATO
Ste/Rm:	POLICE ADMIN	Ste/Rm:	POLICE ADMIN	Ste/Rm:	
Address:	10 S SEYMOUR AVE	Address:	10 S SEYMOUR AVE	Address:	10 S SEYMOUR AVE
City:	GRAYSLAKE	City:	GRAYSLAKE	City:	GRAYSLAKE
State:	IL Zip: 60030-1542	State:	IL Zip: 60030-1542	State:	IL Zip: 60030-1542
Tax Exempt Customer?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Tax Exemption Number:	XX	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:		Ph:	
Fleet Manager?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name:	CHASE MUSCATO	Email:	CMUSCATO@VILLAGEOFGRAYSLAKE.COM
					Ph: 847 223 8515

Coverage / Billing Options

Coverage Options:

Select Options:

- Supply Inclusive
- After Hours Service - Requires After Hours Agreement
- Decline Digital Connected Support*

* Digital Connect Support will be added automatically billed at \$12.00 per serial number monthly, unless declined above.

Billing Options:

Initial Term in Months:

Fiat Rate Frequency:

Meter Frequency:

Aggregate Volume:

Effective Date:

Billing Day:

- MFP**
- 36 48 60 Other _____
 - Monthly Quarterly Annually
 - Monthly Quarterly Annually
 - B/W Color

Select Options:

- Toner (Black Only)
- 20lb Bond Roll Paper
- Decline Digital Connected Support*

- Wide Format**
- 36 48 60 Other _____
 - Monthly
 - Monthly

All Devices:

- On Install Date: _____
- Selected by KMBS Preferred Day: _____ (29th, 30th, and 31st are not an available selection)

Internal Use

Maintenance Pricing

MA #:

Item	Model Description	Serial Number	Type	Monthly Minimum	Monthly Flat Rate \$	Cost Per Copy Rate \$	Start Meter	Sub Fleet	Price Plan
				Volume					
1	BIZHUB C308 COPIER/ PRINTER		Color		0.00	0.04000			
			B/W		0.00	0.00390			
2	BIZHUB C308 COPIER/ PRINTER		Color		0.00	0.04000			
			B/W		0.00	0.00390			
3			Color						
			B/W						

Additional Equipment on Schedule B

Wide Format

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

Additional Equipment on Schedule C

Comments

CPC COMMENTS -
STAPLES INCLUDED

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:	9244593	ANTONETTE TOBIN	ATOBIN@KMBS.KONICAMINOLTA.US		Sales District:
Order Taking:	9244593	ANTONETTE TOBIN	ATOBIN@KMBS.KONICAMINOLTA.US		24603
Servicing:	9244593	ANTONETTE TOBIN	ATOBIN@KMBS.KONICAMINOLTA.US		Processed
					<input type="checkbox"/> Branch <input checked="" type="checkbox"/> Windsor

KONICA MINOLTA BUSINESS SOLUTIONS U.S.A., INC

100 Williams Drive, Ramsey, NJ 07446 (201) 825-4000 www.kmbs.konicaminolta.us

Form: 1011-050117-OS

**MyKMBS.com
Access Request Form**

Customer Name: VILLAGE OF GRAYSLAKE POLICE DEPARTMENT

Business Class: Corporate Acct National Government Branch

New or Existing Customer: New Existing

SAP Account #: 0005071357/0005071357
Required if existing

Serial Number(s):	1 _____	4 _____	7 _____
<small>(Include at least one)</small>	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: CHASE
Required

Last Name: MUSCATO
Required

Email: CMUSCATO@VILLAGEOFGRAYSLAKE.COM
Required

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: _____
Required

Last Name: _____
Required

Email: _____
Required

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: _____
Required

Last Name: _____
Required

Email: _____
Required

* 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 his/her IT Department to accept the following email addresses:
meterreads@kmbs.konicaminolta.us activation@kmbs.konicaminolta.us extranet@kmbs.konicaminolta.us

KMBS

Representative: ANTONETTE TOBIN Territory Code: 464306

Sales Manager: RYAN MITCHEL Territory Code: 2466155

Corporate Acct Mgr: _____ Territory Code: _____
If Applicable

Branch Name: 246 - ROLLING MEADOWS Branch Number: 246

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.nad@kmbs.konicaminolta.us

COMMENTS