

Order Agreement

Check Applicable Box

☐ Purchase

☒ Lease

☐ Other:

INVOICE TO Account #		SOLD TO Account # SO 0000223112		SHIP TO Account #	
Legal Name KONICA MINOLTA PREMIER FINANCE		Legal Name ALVORD UNIFIED SCHOOL DISTRICT		Legal Name ALVORD UNIFIED SCHOOL DISTRICT	
Attn Line 1		Attn Line 1		Attn Line 1	
Attn Line 2		Attn Line 2 2ND FLOOR STATE & FEDERAL		Attn Line 2	
Street Address 10201 CENTURION PKWY N STE 100		Street Address 9 KPC PKWY		Street Address 10368 CAMPBELL AVE	
City JACKSONVILLE State FL Zip 32256		City CORONA State CA Zip 92879-7102		City RIVERSIDE State CA Zip 92505	
Tax Exempt <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Copy Required)		Tax Exempt #		P.O. Expiration Date	
P.O. Required <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Copy Required)		P.O. #		P.O. Expiration Date	
Payment Terms: SEE LEASE		<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 #	

Requested Delivery Date: SEE ATTACHED	Maintenance Contract <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Declined
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QTY	MATERIAL #	MATERIAL DESCRIPTION	SERIAL NUMBER	PRICE EACH	EXTENDED
1	A8JE011	BIZHUB C759			
1	7670525508	MFP DELIVERY CHARGE - LEVEL THRE			
1	7640018095	BASIC NETWORK SERVICE - BNS05			
1	A87GWYE	FS-536 SD FINISHER			
1	A3ETW11	PK-520 PUNCH KIT FOR FS-534/FS-536			
1	A87KWY1	RU-515 RELAY UNIT			
1	120V20A	RECYCLED POWER FILTER 120V/20A			
1	A92D011	FK-516 FAX KIT			
1	7640020787	BIZHUB SECURE PLATINUM			

QTY	MATERIAL #	SUPPLY - MATERIAL DESCRIPTION	PRICE EACH	EXTENDED
1	A9K8430	TN713C TONER	N/A	
1	A9K8130	TN713K TONER	N/A	
1	A9K8330	TN713M TONER	N/A	
1	A9K8230	TN713Y TONER	N/A	
			N/A	
			N/A	

ADDITIONAL CHARGES		Additional Charges
<input type="checkbox"/> Network _____ <input type="checkbox"/> Removal _____ <input type="checkbox"/> Other _____		TOTAL (TOTAL is exclusive of applicable taxes)

PICK-UP	Requested Removal Date: 08/31/2020
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QTY	MATERIAL #	MATERIAL DESCRIPTION	SERIAL NUMBER

COMMENTS

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Maintenance Agreement

Customer Information					
Sold to Acct #: <u>0000223112</u>		Payer/Bill to Acct #: _____		Ship to Acct #: _____	
Name: <u>ALVORD UNIFIED SCHOOL DISTRICT</u>		Name: <u>ALVORD UNIFIED SCHOOL DISTRICT</u>		Name: <u>ALVORD UNIFIED SCHOOL DISTRICT</u>	
Attn/Dept: _____		Attn/Dept: _____		Attn/Dept: _____	
Ste/Rm: <u>2ND FLOOR STATE & FEDERAL</u>		Ste/Rm: <u>2ND FLOOR STATE & FEDERAL</u>		Ste/Rm: _____	
Address: <u>9 KPC PKWY</u>		Address: <u>9 KPC PKWY</u>		Address: <u>10368 CAMPBELL AVE</u>	
City: <u>CORONA</u>		City: <u>CORONA</u>		City: <u>RIVERSIDE</u>	
State: <u>CA</u> Zip: <u>92879-7102</u>		State: <u>CA</u> Zip: <u>92879-7102</u>		State: <u>CA</u> Zip: <u>92505</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:			MFP		
Select Options:			Select Options:		
<input checked="" type="checkbox"/> Supply Inclusive			<input type="checkbox"/> Toner (Black Only)		
<input type="checkbox"/> After Hours Service - Requires After Hours Agreement			<input type="checkbox"/> 20lb Bond Roll Paper		
<input checked="" type="checkbox"/> Decline Digital Connected Support*			<input type="checkbox"/> Decline Digital Connected Support*		
* Digital Connect Support will be added automatically billed at \$12.00 per serial number monthly, unless declined above.					
Billing Options:			Wide Format		
Initial Term in Months:			Initial Term in Months:		
<input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input checked="" type="checkbox"/> Other 39			<input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other _____		
Flat Rate Frequency:			Flat Rate Frequency:		
<input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Annually			<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		
Meter Frequency:			Meter Frequency:		
<input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Annually			<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		
Aggregate Volume:			Aggregate Volume:		
<input type="checkbox"/> B/W <input type="checkbox"/> Color			<input type="checkbox"/> B/W <input type="checkbox"/> Color		
All Devices					
Effective Date:			Effective Date:		
<input checked="" type="checkbox"/> On Install <input type="checkbox"/> Date: _____			<input type="checkbox"/> Date: _____		
Billing Day:			Billing Day:		
<input checked="" type="checkbox"/> Selected by KMBS <input type="checkbox"/> Preferred Day: _____			<input type="checkbox"/> Preferred Day: _____		
(29th, 30th, and 31st are not an available selection)					

Maintenance Pricing								Internal Use	
								MA #:	
MFP				Monthly Minimum	Monthly Flat Rate \$	Cost Per Copy Rate \$	Start Meter	Sub Fleet	Price Plan
Item	Model Description	Serial Number	Type	Volume					
1	BIZHUB C759		Color			0.04750			
			B/W			0.00561			
2			Color						
			B/W						
3			Color						
			B/W						
<input type="checkbox"/> Additional Equipment on Schedule B									
Wide Format				Monthly Minimum	Monthly Flat Rate \$	Cost Per Square Foot	Start Meter	Sub Fleet	Price Plan
Item	Model Description	Serial Number	Type	Volume (Sq. Feet)		Rate \$			
1			Color						
			B/W						
<input type="checkbox"/> Additional Equipment on Schedule C									

Comments	
CPC COMMENTS - RATES LOCKED FOR 39 MONTHS AND INCLUDES STAPLES.	

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:	<u>115486</u>	<u>LUCIO PEREZ</u>	<u>LPEREZ@KMBS.KONICAMINOLTA.US</u>	Sales District	
Order Taking:	<u>115486</u>	<u>LUCIO PEREZ</u>	<u>LPEREZ@KMBS.KONICAMINOLTA.US</u>	<u>46508</u>	
Servicing:	<u>115486</u>	<u>LUCIO PEREZ</u>	<u>LPEREZ@KMBS.KONICAMINOLTA.US</u>	Processed	
				<input checked="" type="checkbox"/> Branch <input type="checkbox"/> Windsor	

Order Package Acceptance Agreement

Customer Name/Address:

ALVORD UNIFIED SCHOOL DISTRICT
9 KPC PKWY 2ND FLOOR STATE & FEDERAL
CORONA, CA 92879-7102

Customer's signature below constitutes Customer's acceptance of the preceding forms in this Order Package (as identified by Order Package ID S00566170 time stamped 07/23/20 06:16 PM).

For the items covered by a KMBS billed maintenance contract, Customer's signature below also acknowledges Customer's consent to 'KMBS Standard Maintenance Terms and Conditions - Schedule A (Updated December 1, 2018)', available in hardcopy upon request or online at <https://kmbs.konicaminolta.us/MaintenanceTerms-N04D>, terms of which are incorporated into this Agreement. 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: _____
(Please Print)

Signature: _____

Title: _____

Date: _____

KMBS Representative

Name: _____
(Please Print)

Signature: _____

Date: _____

KMBS Manager

Name: _____
(Please Print)

Signature: _____

Date: _____



KONICA MINOLTA

Master Premier Lease Schedule

For office use only (Check one): ☒ Branch ☐ Windsor

S00566170

07/23/20 06:16 PM

APPLICATION NO.

1712161

MASTER AGREEMENT NO.

SCHEDULE NO.

CUSTOMER BILL - TO INFORMATION (Separate schedules must be completed for each billing location.)

FULL LEGAL NAME

ALVORD UNIFIED SCHOOL DISTRICT

STREET ADDRESS / P.O. BOX

9 KPC PKWY 2ND FLOOR STATE & FEDERAL

CITY

CORONA

STATE

CA

ZIP

92879-7102

BILLING CONTACT NAME

BILL-TO PHONE NUMBER*

FAX NUMBER

E-MAIL

*By providing a telephone number for a cellular phone or other wireless device, you are expressly consenting to receiving communications (for NON-marketing or solicitation purposes) at that number, including, but not limited to, prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system from Lessor and its affiliates and agents. This Express Consent applies to each such telephone number that you provide to us now or in the future and permits such calls. These calls and messages may incur access fees from your cellular provider.

CUSTOMER INSTALLATION LOCATION

LESSEE LEGAL NAME

ALVORD UNIFIED SCHOOL DISTRICT

STREET ADDRESS

10368 CAMPBELL AVE

CITY

RIVERSIDE

STATE

CA

ZIP

92505

CONTACT NAME

KATIE CHAPMAN

PHONE NUMBER

951 509 5015

FAX NUMBER

Make/Model/Accessories (including Software Description and Supplier / Licensor if applicable)

Serial Number

Start Meter Read(s)

1 - BIZHUB C759

☐ See attached 'Schedule A' for additional Equipment / Accessories / Software

TERM AND PAYMENT SCHEDULE

TERM IN MONTHS

39

of payments

39

Payment Frequency

☐ Quarterly ☒ Monthly

Payment Amount

(plus applicable taxes)

\$ 273.00

Advance Payment

(plus applicable taxes)

\$ _____

END OF LEASE OPTIONS: You will have the following options at the end of the original term, provided the Lease has not terminated early and no event of default under the Lease has occurred and is continuing. 1. Purchase the Equipment for the Fair Market Value as determined by us. 2. Renew the Lease per paragraph 1 (on Agreement). 3. Return Equipment as provided in Paragraph 5 (on Agreement).

THIS SCHEDULE INCORPORATES ALL OF THE TERMS AND CONDITIONS OF THE MASTER PREMIER LEASE AGREEMENT IDENTIFIED ABOVE.

LESSOR ACCEPTANCE

Konica Minolta Premier Finance

LESSOR

AUTHORIZED SIGNER

TITLE

DATED

CUSTOMER ACCEPTANCE

ALVORD UNIFIED SCHOOL DISTRICT

FULL LEGAL NAME OF CUSTOMER (as referenced above)

AUTHORIZED SIGNER

DATED

91-1794390

FEDERAL TAX I.D. #

PRINT NAME

TITLE

KMPF0004 – US 10/01/16