





## 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 &amp; FEDERAL</u>	Ste/Rm:	<u>2ND FLOOR STATE &amp; 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:	_____	Email:	_____
Fleet Manager?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name:	_____	Email:	_____

Coverage / Billing Options					
<b>Coverage Options:</b>		<b>MFP</b>		<b>Wide Format</b>	
Select Options:		<input checked="" type="checkbox"/> Supply Inclusive <input type="checkbox"/> After Hours Service - Requires After Hours Agreement <input checked="" type="checkbox"/> Decline Digital Connected Support*		Select Options: <input type="checkbox"/> Toner (Black Only) <input type="checkbox"/> 20lb Bond Roll Paper <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.					
<b>Billing Options:</b>		<b>MFP</b>		<b>Wide Format</b>	
Initial Term in Months:	<input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input checked="" type="checkbox"/> Other <u>39</u>			<input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other _____	
Flat Rate Frequency:	<input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Annually			<input type="checkbox"/> Monthly	
Meter Frequency:	<input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Annually			<input type="checkbox"/> Monthly	
Aggregate Volume:	<input type="checkbox"/> B/W <input type="checkbox"/> Color				
<b>All Devices</b>					
Effective Date:	<input checked="" type="checkbox"/> On Install	Date:	_____		
Billing Day:	<input checked="" type="checkbox"/> Selected by KMBS	<input type="checkbox"/> Preferred Day:	_____	(29th, 30th, and 31st are not an available selection)	

Maintenance Pricing								Internal Use		
MFP				Monthly Minimum Volume	Monthly Flat Rate \$	Cost Per Copy Rate \$	Start Meter	MA #:	Sub Fleet	Price Plan
Item	Model Description	Serial Number	Type							
1	BIZHUB C759		Color			0.04750				
			B/W			0.00561				
2			Color							
			B/W							
3			Color							
			B/W							

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

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.

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:

Table with columns: Make/Model/Accessories (including Software Description and Supplier / Licensor if applicable), Serial Number, Start Meter Read(s). Row 1: 1 - BIZHUB C759

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

TERM AND PAYMENT SCHEDULE

Table with columns: TERM IN MONTHS, # of payments, Payment Frequency, Payment Amount (plus applicable taxes), Advance Payment (plus applicable taxes). Values: 39, 39, Quarterly Monthly, \$ 273.00, \$

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 X
FULL LEGAL NAME OF CUSTOMER (as referenced above) AUTHORIZED SIGNER DATED
91-1794390
FEDERAL TAX I.D. # PRINT NAME TITLE