

Master Premier Rental Schedule

APPLICATION NO. 3156925

AGREEMENT NO. 500-0508542-000

For office use only (Check one): $\ \square$ Branch $\ \square$ Windsor $\ \square$ Windsor Commercial

SCHEDULE NO. 011

KONICA MINOLTA	, Relital St	chedule	<u> </u>		0508542-000	
CUSTOMER BILL - TO	INFORMATION (Separate s	schedules must be	completed for e	each billing location.)		
LEGAL COMPANY NAME					DEPARTMENT NAME	
Town of Castle Rock					Finance	
STREET ADDRESS / P.O. BOX					BLDG / ROOM / SUITE	
100 N. Wilcox Street						
CITY	STA	TE		IP	BILLING CONTACT NAME	
Castle Rock	CC)	8	0104		
BILL-TO PHONE NUMBER*	FAX	NUMBER			FEDERAL TAX I.D. NUMBI	ER
					84-6000640	
*By providing a telephone number for a configuration of the present of the present of the present of the providing a telephone number for a configuration of the providing a telephone number for a configuration of the providing a telephone number for a configuration of the providing a telephone number for a configuration of the providing a telephone number for a configuration of the providing a telephone number for a configuration of the providing a telephone number for a configuration of the providing a telephone number for a configuration of the providing a telephone number for a configuration of the providing a telephone number for a configuration of the providing a telephone number for a configuration of the providing a telephone number for a configuration of the providing a telephone number for a configuration of the providing a telephone number for a configuration of the providing a telephone number for a configuration of the providing a telephone number for a configuration of the providing a telephone number for a configuration of the providing a telephone number for a telephone n	ls, text messages, and calls made by an	automatic telephone di	ialing system from O	wner and its affiliates and ag		
you provide to us now or in the future and p	permits such calls. These calls and messa	ges may incur access f	fees from your cellula	ar provider.		
CUSTOMER INSTALLA	TION LOCATION (Separa	te schedules must	t be completed fo	or each billing location.)	
CUSTOMER LEGAL NAME					DEPARTMENT NAME	
Town of Castle Rock						
STREET ADDRESS / P.O. BOX					BLDG / FLOOR / ROOM / S	BUITE
Various						
CITY	STA			IP	CONTACT NAME	
Castle Rock PHONE NUMBER	CC)		AX NUMBER	Andy Novak	
PHONE NUMBER			Г.	AX NUMBER		
MAKE/MODEL NO./AC	CESSORIES				SERIA	L NO.
8 x Bizhub C3301i					TBD	
8 x Bizhub C3351i					TBD	
21 x Bizhub C361i					TBD	
					TBD	
2 x Bizhub C551i						
2 x Bizhub C651i					TBD	
Interfax Software					TBD	
Ecopy Sharescan					TBD	
☐ See attached schedule for additional Equipment / Accessories						
TERM AND PAYMENT SCHEDULE						
TERM AND TATMENT	CONLEGEL					
48 Mon	this Daymanta of C	5216.39		0 " 5	posit \$ N	/Λ
(mos.)		applicable taxes)		Security De		cable taxes)
(management)						
THIS SCHEDULE INCORPORATES ALL OF THE TERMS AND CONDITIONS OF THE MASTER PREMIER RENTAL AGREEMENT IDENTIFIED ABOVE.						
OWNER ACCEPTANCE						
Konica	Minolta Premier Finar	nce				
DATED OWNER			SIGNATURE			PRINT NAME
CUSTOMER ACCEPTA	ANCE					
						1
Town of	Castle Rock		X			
DATED FULL LEGAL	NAME	<u>_</u>	SIGNATURE / TIT	LE		PRINT NAME