

Maintenance Agreement

Customer Information															
Sold	to Acct	t #:		10000	2094	Payer/B	ill to Acct #:			Ship to Acct #:					
Nam	ne:		Town	of Castle R	ock	Name:	To	own of Castle Rock		Name:	Name: Town of Castle Rock				
Attn/Dept:						Attn/De	ept:			Attn/Dept: Various					
Ste/	Rm:					Ste/Rm	:			Ste/Rm:					
Address: 100 Wilcox Street						Address		L00 Wilcox Street		Address: Various					
City:	-			astle Rock		City:		Castle Rock	City: Castle Rock						
State				80104		State:		CO Zip: 80104			· ————				
State	-		Zip:		00104	State.					State: CO Zip: 80104				
Tax	Exempt	Customer	?	✓ Yes	No	Tax Exe	mption Number:	9805820		Tax Exempt	ion Certificate mu	st be attached when	applicable.		
PO F	Require	d?	□ Yes	□ No	PO Number:	PO Expiration Date:				PO must be attached when applicable.					
		ividual PO		Blanket PO	PO Contact:			Email:				Ph:			
					Name:										
Coverage / Billing Options Coverage Options: MFP Wide Format															
	coverage options.				ptions:			Se	elect Option	ons:					
				☑ Supply Inclusive ☑ Staples Included ☐ Toner (Black Only)											
				□ After Hours Service - Requires After Hours Agreement □ 20lb Bond Roll Paper □ Decline Digital Connected Support* □ Decline Digital Connected Support*											
				* Digita	l Connect Support v			oilled at \$12.00 per ser		er monthly, unless declined above.					
	Initia	Billing O al Term in N			⊒ 36 🗵 48	M □ 60	FP Other		□ 36		Wide Format G 60 G 01	her			
		at Rate Fre				Quarter		_	□ Mo		_ 00 0				
Meter Frequency:				Monthly	Quarter	ly 🗆 Annually		□ Mo	nthly						
Aggregate Volume: B/W Color All Devices															
Effective Date: 🗵 On Install 🔲 Date:															
Billing Day: ☑ Selected by KMBS □ Preferred Day: (29th, 30th, and 31st are not an available selection) Internal Use															
						Maint	enance Pricing					MA #:			
	MFP			alat Mirraria a	T	Monthly Minimum	Monthly Flat Rate \$	Cost P	er Copy Rate \$	Charl Markey	Cub Floor	Daine Blan			
Item [IVIO	del Descrip	tion	Se	rial Number	Type	Volume	\$30.00			Start Meter	Sub Fleet	Price Plan		
1		C3301i			TBD	B/W									
2		C3351i			TBD			\$39.00							
	. (3331)				B/W Color		4								
3		C361i			TBD			\$110.00							
		Additional	Equipmer	nt on Sched	ule B	B/W									
				e Format			Monthly Minimum	Monthly Flat Rate \$	Cost Pe	er Square Foot					
Item	Mo	Model Description		Serial Number		Type Color	Volume (Sq. Feet)	iviolitilly riat rate 3		Rate \$	Start Meter	Sub Fleet	Price Plan		
1															
L		Additional	Equipmer	nt on Sched	ule C	B/W									
		Additional	Equipmen	it on senea	uic c			Comments							
Custor	mer's	signatur	e below	acknow	ledges receint an	d cons	ent to KMBS Sta	ndard Maintenanc	e Terms	s and Conditi	ions "Schedule	- A" dated 09/0	1/2014. Not		
		_			BS Manager.	u cons							-, <u>-</u>		
			_		_										
Customer Name: KMBS Representative: Please Print															
NAME OF TAXABLE PARTY.															
	Custi	omer Title:		<u> </u>				KMBS Manager N	ame:		Jason Tro Please Pr	·			
Cu	stomer	Signature:				Date: KMBS Manager Signature:						Date:			
For Internal Use															
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															
Originat	ing:														
Order Ta	aking:											Processed			
Servicing: Branch Windsor									ndsor						

Approved as to Form:

Stacey Song, Assistant Town Attorney

Attest:
Lisa Anderson, Town Clerk



Maintenance Agreement

Customer Information																
Sold to Acct #:						Payer/Bill to Acct #:					Ship to Acct #:					
Name: Town of Castle Rock						Name: Town of Castle Rock					Name:					
Attn/Dept:						Attn/Dept:					Attn/Dept:					
Ste	/Rm:				Ste/Rm:	:			Ste/Rm	n:	V	'arious				
Add	dress:	100 V	Vilcox Stree	t	Address	:	100 Wilcox Street			Addres	S:	V	arious			
City	r:	Ca	stle Rock		City:		Castle Rock				-	Cas	tle Rock	_		
Sta	State: CO Zip:			80104	State:	CO	CO Zip: 80104			State:	CO	CO Zip: 80104		80104		
		-														
Tax	Exempt Customer	?	✓ Yes	□ No	Tax Exe	mption Number:	9805820			Tax Exemption Certificate must be attached when applicable.						
PO	Required?	□ Yes	□ No	PO Number:			PO Expiratio		ate:			PO must be attached when applicable.				
	☐ Individual PO	□ BI	anket PO	PO Contact:			Email:					P	h:			
Fle	et Manager?	□ Yes	□ No	Name:			Email:					Р	h:			
Coverage / Billing Options																
	Coverage O	ptions:				:P					Wide Format					
			Select Op	tions: Supply Inclusive		ct Optio	ins: er (Black Only)									
				After Hours Service	eement		□ 20lb	Bond Roll Pap	d Roll Paper							
				Decline Digital Cor Connect Support w			billed at \$12.00 per serial num				nected Support					
	Billing O	ptions:	- 18.15.1		M						Wide Format					
	Initial Term in N			36 ☑ 48	□ 60 0	Other			□ 36	□ 48	□ 60 □	Other				
Flat Rate Frequency: Meter Frequency:			Monthly Monthly	Quarter Quarter				□ Mor								
	Aggregate \	/olume:		B/W 🗆	Color		All Devices									
	Effectiv	e Date:	✓	On Install	Date:		All Devices									
	Billi	ing Day:	Œ	Selected by KMBS		Preferred Day:	(29th, 30th, and 31	st ar	e not ar	available sele	ction)		Inte	ernal Use		
					Maint	enance Pricing				MA #:						
MFP						Monthly Minimu		c	Cost Po	r Coou Pata S						
Item	Model Descrip	tion	Seri	al Number	Type	Volume		7	COSEFE	r copy nate 5	Start Meter	Su	ıb Fleet	Price Plan		
1	BHC551i			TBD	Color B/W		\$168.00	+			2					
	DUCCE1:			TRD	Color		\$399.00									
2	BHC651i	1		TBD	B/W											
3					Color B/W											
	□ Additional	Fauinment	on Schedu	le B	B/ VV											
	L Additional		Format	ic b	-	Monthly Minimu	m Manthly Flat Bate	Ċ	Cost Pe	r Square Foot						
Item	Item Model Description		Serial Number		Type	Volume (Sq. Fee	Monthly Flat Rate		Rate \$		Start Meter	Su	Sub Fleet Price Plan			
1					Color B/W			-								
	□ Additional	Equipment	on Schedu	le C	D/ VV					,						
							Comments									
Custo	mer's signature	e below	acknowle	edges receipt an	d conse	ent to KMBS St	andard Maintena	nce	Terms	and Condit	tions "Sched	ule A" da	ted 09/0	1/2014. Not		
bindir	ng on KMBS un	til signed	by KMB	S Manager.												
	Customer Name:						KMBS Represe	atatio	vo:		Patrici	a Kent				
Please Print																
Customer Title:						KMBS Manager Name:					Jason 1					
Please Print Date:																
Customer Signature: Date: KMBS Manager Signature: Date: Date:																
						Fo	or Internal Use									
Maintenance:																
Sales Rep Number Sales Rep Name Sales Rep Email Address Sales District																
Originating: Order Taking: Processed																
Servicing: Branch Windsor																
			,			,					1					

Approved as to Form: _____Stacey Song, Assistant Town Attorney

Approved as to Content:___

Attest:______Lisa Anderson, Town Clerk