



## Maintenance Agreement

Customer Information									
Sold to Acct #: 100002094		Payer/Bill to Acct #:		Ship to Acct #:					
Name: Town of Castle Rock		Name: Town of Castle Rock		Name: Town of Castle Rock					
Attn/Dept:		Attn/Dept:		Attn/Dept: Various					
Ste/Rm:		Ste/Rm:		Ste/Rm:					
Address: 100 Wilcox Street		Address: 100 Wilcox Street		Address: Various					
City: Castle Rock		City: Castle Rock		City: Castle Rock					
State: CO Zip: 80104		State: CO Zip: 80104		State: CO Zip: 80104					
Tax Exempt Customer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Tax Exemption Number: 9805820		Tax Exemption Certificate must be attached when applicable.					
PO Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		PO Number:		PO Expiration Date:		PO must be attached when applicable.			
<input type="checkbox"/> Individual PO <input type="checkbox"/> Blanket PO		PO Contact:		Email:		Ph:			
Fleet Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name:		Email:		Ph:			
Coverage / Billing Options									
Coverage Options:		MFP			Wide Format				
Select Options:		<input checked="" type="checkbox"/> Supply Inclusive <input checked="" type="checkbox"/> Staples Included <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.							
Billing Options:		MFP			Wide Format				
Initial Term in Months:		<input type="checkbox"/> 36 <input checked="" type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other			<input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other				
Flat Rate Frequency:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually			<input type="checkbox"/> Monthly				
Meter Frequency:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually			<input type="checkbox"/> Monthly				
Aggregate Volume:		<input type="checkbox"/> B/W <input type="checkbox"/> Color							
Effective Date:		<input checked="" type="checkbox"/> On Install <input type="checkbox"/> 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								MA #:	
Item	Model Description	Serial Number	Type	Monthly Minimum Volume	Monthly Flat Rate \$	Cost Per Copy Rate \$	Start Meter	Sub Fleet	Price Plan
1	C3301i	TBD	Color		\$30.00				
			B/W						
2	C3351i	TBD	Color		\$39.00				
			B/W						
3	C361i	TBD	Color		\$110.00				
			B/W						
<input type="checkbox"/> Additional Equipment on Schedule B									
Wide Format									
Item	Model Description	Serial Number	Type	Monthly Minimum Volume (Sq. Feet)	Monthly Flat Rate \$	Cost Per Square Foot Rate \$	Start Meter	Sub Fleet	Price Plan
1			Color						
			B/W						
<input type="checkbox"/> Additional Equipment on Schedule C									
Comments									
Customer's signature below acknowledges receipt and consent to KMBS Standard Maintenance Terms and Conditions "Schedule A" dated 09/01/2014. Not binding on KMBS until signed by KMBS Manager.									
Customer Name: _____ <small>Please Print</small>				KMBS Representative: _____					
Customer Title: _____				KMBS Manager Name: Jason Troupe <small>Please Print</small>					
Customer Signature: _____				Date: _____		KMBS Manager Signature: _____ Date: _____			
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 District			
Originating:	Sales Rep Number	Sales Rep Name	Sales Rep Email Address			Processed			
Order Taking:						<input type="checkbox"/> Branch <input type="checkbox"/> Windsor			
Servicing:									

Approved as to Form: \_\_\_\_\_  
Stacey Song, Assistant Town Attorney

Attest: \_\_\_\_\_  
Lisa Anderson, Town Clerk



# KONICA MINOLTA

## 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:	Various
Address:	100 Wilcox Street	Address:	100 Wilcox Street	Address:	Various
City:	Castle Rock	City:	Castle Rock	City:	Castle Rock
State:	CO	State:	CO	State:	CO
Zip:	80104	Zip:	80104	Zip:	80104
Tax Exempt Customer?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Tax Exemption Number:	9805820	Tax Exemption Certificate must be attached when applicable.	
PO Required?	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No	Name:	_____	Email:	_____
				Ph:	_____

### Coverage / Billing Options

#### Coverage Options:

#### MFP

Select Options:

- ☒ Supply Inclusive ☒ Staples Included  
☐ 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:

- ☐ 36 ☒ 48 ☐ 60 ☐ Other \_\_\_\_\_

Flat Rate Frequency:

- ☒ Monthly ☐ Quarterly ☐ Annually

Meter Frequency:

- ☒ Monthly ☐ Quarterly ☐ Annually

Aggregate Volume:

- ☐ B/W ☐ Color

#### Wide Format

Select Options:

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

#### Wide Format

- ☐ 36 ☐ 48 ☐ 60 ☐ Other \_\_\_\_\_

- ☐ Monthly  
☐ Monthly

#### All Devices

Effective Date:

- ☒ On Install ☐ Date: \_\_\_\_\_

Billing Day:

- ☒ Selected by KMBS ☐ Preferred Day: \_\_\_\_\_ (29th, 30th, and 31st are not an available selection)

### Maintenance Pricing

Internal Use

MA #:

MFP				Monthly Minimum Volume	Monthly Flat Rate \$	Cost Per Copy Rate \$	Start Meter		
Item	Model Description	Serial Number	Type					Sub Fleet	Price Plan
1	BHC551i	TBD	Color		\$168.00				
			B/W						
2	BHC651i	TBD	Color		\$399.00				
			B/W						
3			Color						
			B/W						
<input type="checkbox"/> Additional Equipment on Schedule B									
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						
<input type="checkbox"/> Additional Equipment on Schedule C									

### Comments

Customer's signature below acknowledges receipt and consent to KMBS Standard Maintenance Terms and Conditions "Schedule A" dated 09/01/2014. Not binding on KMBS until signed by KMBS Manager.

Customer Name: _____ <small>Please Print</small>	KMBS Representative: _____ Patricia Kent
Customer Title: _____	KMBS Manager Name: _____ Jason Troupe <small>Please Print</small>
Customer Signature: _____ Date: _____	KMBS Manager Signature: _____ Date: _____

### 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
Originating:	Sales Rep Number	Sales Rep Name	Sales Rep Email Address	Sales District	
Order Taking:				Processed	
Servicing:				<input type="checkbox"/> Branch <input type="checkbox"/> Windsor	

Approved as to Form: \_\_\_\_\_  
Stacey Song, Assistant Town Attorney

Approved as to Content: \_\_\_\_\_  
Kristin Read, Assistant Town Manager

Attest: \_\_\_\_\_  
Lisa Anderson, Town Clerk