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

KONICA MINOLTA

Premier Advantage Supplement

APPLICATION NO.	AGREEMENT NO.	SUPPLEMENT NO.
2773611		

CUSTOMER INFORMATION:

FULL LEGAL NAME			STREET ADDRESS	
VILLAGE OF ORLAND PARK			14700 S RAVINIA AVE	
CITY	**STATE**	**ZIP**	**PHONE***	**FAX**
ORLAND PARK	IL	60462	708 349 4111	
BILLING NAME (IF DIFFERENT FROM ABOVE)			BILLING STREET ADDRESS	
CITY	STATE	ZIP	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 Owner 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.

EQUIPMENT ADDED:

MAKE/MODEL/ACCESSORIES/SOFTWARE (Including Software Description and Supplier/Licensor if applicable)	SERIAL NO.	STARTING METER
1. C750i		
2.		
3.		
4.		
5.		
6.		

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

EQUIPMENT DELETED:

MAKE/MODEL/ACCESSORIES/SOFTWARE (Including Software Description and Supplier/Licensor if applicable)	SERIAL NO.	ENDING METER
1.		
2.		
3.		
4.		

NEW TOTAL PAYMENT:

The payment below is your new TOTAL payment.

Monthly Payment* $ _____

Total B&W Pages Included _____ Excess B&W Page Charge* $ _____

Total Color Pages Included _____ Excess Color Page Charge* $ _____

OR

ADDITIONAL PAYMENT:

Your new payment is the SUM of the below amount plus your current total payment. (Which includes your original payment amount and any amounts on all prior supplements)

Monthly Payment* $ 381.11

Additional B&W Pages Included 0 Excess B&W Page Charge* $ .004

Additional Color Pages Included 0 Excess Color Page Charge* $ .04

Please check one: **Meter Reading Frequency:** ☒ **Monthly** ☐ **Quarterly** **plus applicable taxes*

(If nothing is checked, your frequency will revert to the original Premier Advantage Agreement or any subsequent Supplements.)

TERM:

48 Mos. Balance of applicable term. Termination date of this Supplement coincides with the termination date set forth in the Premier Advantage Agreement or previous Supplement (as applicable).

_____ Mos. New term for Equipment referenced above only. Such term begins upon Supplement endorsement and acceptance by Lessor. The term of the Premier Advantage Agreement remains in full force and effect for the remaining original Equipment.

TERMS AND CONDITIONS:

You have requested this Supplement to the Premier Advantage Agreement (or Supplement) as set forth above. If you choose the new TOTAL payment section above, you agree that the payment on this Supplement is the new total payment for your Agreement. Except for the specific provisions set forth above, the original terms and conditions set forth in the Premier Advantage Agreement and any personal guarantee(s) shall remain in full force and effect and are incorporated herein by reference. You agree to pay us up to seventy five dollars ($75.00) when invoiced as an origination fee.

LESSOR ACCEPTANCE

Konica Minolta Premier Finance	x		
LESSOR	AUTHORIZED SIGNER	TITLE	DATED

CUSTOMER ACCEPTANCE

	x		
FULL LEGAL NAME OF CUSTOMER (as referenced above)	AUTHORIZED SIGNER		DATED
36-6006035			
FEDERAL TAX I.D. #	PRINT NAME	TITLE	