

Order Package Acceptance Agreement

Customer Name/Address:

VILLAGE OF ORLAND PARK
14700 S RAVINIA AVE
ORLAND PARK, IL 60462-3134

Customer's signature below constitutes Customer's acceptance of the preceding forms in this Order Package (as identified by Order Package ID S00590035 time stamped 02/09/21 06:22 PM).

This Order Package is governed by the terms and conditions of the Master Agreement contract between Konica Minolta Business Solutions U.S.A., Inc. and SOURCEWELL 083116-KON dated 10/19/2016 terms of which are incorporated into this agreement. If payment by credit card is indicated above, Customer hereby grants KMBS the authority to charge the Customer's credit card in the amount indicated (plus applicable taxes). 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: Zachary Speaker
(Please Print)

Signature: _____

Date: 2/9/2021

KMBS Manager

Name: Antoinette Tobin
(Please Print)

Signature: _____

Date: 2/9/2021

Order Agreement

Check Applicable Box

☐ Purchase

☒ Lease

☐ Other:

VOICE TO Account #		SOLD TO Account # SO 0000144299		SHIP TO Account #	
Legal Name KONICA MINOLTA PREMIER FINANCE		Legal Name VILLAGE OF ORLAND PARK		Legal Name VILLAGE OF ORLAND PARK	
Attn Line 1		Attn Line 1		Attn Line 1 DAVID BUWICK	
Attn Line 2		Attn Line 2		Attn Line 2	
Street Address 1310 MADRID ST STE 101		Street Address 14700 S RAVINIA AVE		Street Address 14700 S RAVINIA AVE	
City MARSHALL State MN Zip 56258		City ORLAND PARK State IL Zip 60462-3134		City ORLAND PARK State IL Zip 60462-3134	
Tax Exempt <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Copy Required)		Tax Exempt # E99981807		P.O. #	
P.O. Required <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Copy Required)		P.O. #		P.O. Expiration Date	
Payment Terms: SEE LEASE		<input type="checkbox"/> Yes, I want to pay by Credit Card. Please provide contact name/phone below. <input type="checkbox"/> Pay in Full (including applicable tax) <input type="checkbox"/> Partial Payment, Amount \$		Check # Amount	
Credit Card		Contact Name:		Phone:	

Requested Delivery Date: SEE ATTACHED

Maintenance Contract ☒ Accepted ☐ Declined

QTY	MATERIAL #	MATERIAL DESCRIPTION	SERIAL NUMBER	PRICE EACH	EXTENDED
1	AA2M013	BIZHUB C250I WITH DF-714			
1	7670525506	MFP DELIVERY CHARGE - LEVEL ONE			
1	7640018094	BASIC NETWORK SERVICE - BNS04			
1	135700	DK-516 COPY DESK			
1	AAR4WYE	FS-539 SD			
1	AC28W11	PK-524 2/3 PUNCH UNIT FOR FS-539			
1	A87JWY2	RU-513 RELAY UNIT			
1	RS427011130400 GEN 2	AU-205H GEN2 MULTI CARD READER W			
1	A0W4WY3	WT-506 WORKING TABLE			
1	A883012	FK-514 FAX KIT (1ST & 2ND LINE)			
1	AA7N011	BIZHUB C650I			
1	7670525507	MFP DELIVERY CHARGE - LEVEL TWO			
1	7640018094	BASIC NETWORK SERVICE - BNS04			
1	A87VW12	LU-302 LARGE CAPACITY UNIT			
QTY	MATERIAL #	SUPPLY - MATERIAL DESCRIPTION	PRICE EACH	EXTENDED	
1	AAV8430	TN-328C CYAN TONER	N/A		
1	AAV8130	TN-328K BLACK TONER	N/A		
1	AAV8330	TN-328M MAGENTA TONER	N/A		
1	AAV8230	TN-328Y YELLOW TONER	N/A		
1	ACV1430	TN626C CYAN TONER (YIELD: 28K)	N/A		
1	ACV1130	TN626K BLACK TONER (YIELD: 28K)	N/A		

ADDITIONAL CHARGES

☐ Network ☐ Removal ☐ Other

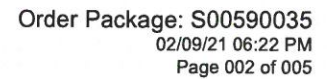
Additional Charges
TOTAL
(TOTAL is exclusive of applicable taxes)

PICK-UP

Requested Removal Date: 02/17/2021

QTY	MATERIAL #	MATERIAL DESCRIPTION	SERIAL NUMBER

COMMENTS



VOICE TO	Account #	SOLD TO	Account # SO 0000144299	SHIP TO	Account #
Legal Name KONICA MINOLTA PREMIER FINANCE		Legal Name VILLAGE OF ORLAND PARK		Legal Name VILLAGE OF ORLAND PARK	
Attn Line 1		Attn Line 1		Attn Line 1 DAVID BUWICK	
Attn Line 2		Attn Line 2		Attn Line 2	
Street Address 1310 MADRID ST STE 101		Street Address 14700 S RAVINIA AVE		Street Address 14700 S RAVINIA AVE	
City MARSHALL State MN Zip 56258		City ORLAND PARK State IL Zip 60462-3134		City ORLAND PARK State IL Zip 60462-3134	

[illegible][illegible]

Order Agreement

Check Applicable Box

☐ Purchase

☒ Lease

☐ Other:

VOICE TO Account #		SOLD TO Account # SO 0000144299		SHIP TO Account #	
Legal Name KONICA MINOLTA PREMIER FINANCE		Legal Name VILLAGE OF ORLAND PARK		Legal Name VILLAGE OF ORLAND PARK SPORTSPLEX	
Attn Line 1		Attn Line 1		Attn Line 1 DAVID BUWICK	
Attn Line 2		Attn Line 2		Attn Line 2	
Street Address 1310 MADRID ST STE 101		Street Address 14700 S RAVINIA AVE		Street Address 11351 W 159TH ST	
City MARSHALL State MN Zip 56258		City ORLAND PARK State IL Zip 60462-3134		City ORLAND PARK State IL Zip 60467	
Tax Exempt <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Copy Required)		Tax Exempt # E99981807		P.O. Expiration Date	
P.O. Required <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Copy Required)		P.O. #		P.O. Expiration Date	
Payment Terms: SEE LEASE		<input type="checkbox"/> Yes, I want to pay by Credit Card. Please provide contact name/phone below. <input type="checkbox"/> Pay in Full (including applicable tax) <input type="checkbox"/> Partial Payment, Amount \$		Check # Amount	
Credit Card		Contact Name:		Phone:	

Requested Delivery Date: SEE ATTACHED

Maintenance Contract ☒ Accepted ☐ Declined

QTY	MATERIAL #	MATERIAL DESCRIPTION	SERIAL NUMBER	PRICE EACH	EXTENDED
1	AA7P011	BIZHUB C550I			
1	7670525507	MFP DELIVERY CHARGE - LEVEL TWO			
1	7640018094	BASIC NETWORK SERVICE - BNS04			
1	AAV5013	PC-416 PAPER FEED CABINET 2500-SH			
1	AAR4WYA	*FS-539 SD 50-SHEET BOOKLET FINISH			
1	AC28W11	PK-524 2/3 PUNCH UNIT FOR FS-539			
1	A87JWY2	RU-513 RELAY UNIT			
1	RS427011136466 GEN 2	AU-205H GEN2 MULTI CARD READER W			
1	A0W4WY3	WT-506 WORKING TABLE			

QTY	MATERIAL #	SUPPLY - MATERIAL DESCRIPTION	PRICE EACH	EXTENDED
1	ACV1430	TN626C CYAN TONER (YIELD: 28K)	N/A	
1	ACV1130	TN626K BLACK TONER (YIELD: 28K)	N/A	
1	ACV1330	TN626M MAGENTA TONER (YIELD: 28K)	N/A	
1	ACV1230	TN626Y YELLOW TONER (YIELD: 28K)	N/A	
			N/A	
			N/A	

ADDITIONAL CHARGES		Additional Charges
<input type="checkbox"/> Network <input type="checkbox"/> Removal <input type="checkbox"/> Other		TOTAL
		(TOTAL is exclusive of applicable taxes)

PICK-UP	Requested Removal Date: 02/17/2021		
QTY	MATERIAL #	MATERIAL DESCRIPTION	SERIAL NUMBER

COMMENTS

Maintenance Agreement

Customer Information

Sold to Acct #:	0000144299	Payer/Bill to Acct #:		Ship to Acct #:	
Name:	VILLAGE OF ORLAND PARK	Name:	VILLAGE OF ORLAND PARK	Name:	MULTIPLE SHIP TO LOCATIONS
Attn/Dept:		Attn/Dept:		Attn/Dept:	
Ste/Rm:		Ste/Rm:		Ste/Rm:	
Address:	14700 S RAVINIA AVE	Address:	14700 S RAVINIA AVE	Address:	
City:	ORLAND PARK	City:	ORLAND PARK	City:	
State:	IL	State:	IL	State:	
Zip:	60462-3134	Zip:	60462-3134	Zip:	
Tax Exempt Customer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Tax Exemption Number: E99981807		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:		PO must be attached when applicable.	
Fleet Manager? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Name: DAVID BUWICK		Email:	
				Ph: 708 403 6200	

Coverage / Billing Options

Coverage Options:

MFP

Select Options:

- ☒ Supply Inclusive
☐ 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.

Wide Format

Select Options:

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

Billing Options:

MFP

- 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

- ☐ 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

MFP				Monthly Minimum Volume	Monthly Flat Rate \$	Cost Per Copy Rate \$	Start Meter	Internal Use	
Item	Model Description	Serial Number	Type					Sub Fleet	Price Plan
1	BIZHUB C250I WITH D F-714		Color			0.04000			
			B/W			0.00400			
2	BIZHUB C650I		Color			0.04000			
			B/W			0.00400			
3	BIZHUB C550I		Color			0.04000			
			B/W			0.00400			

☐ 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						

☐ Additional Equipment on Schedule C

Comments

Staples included / locked in term

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:	123556	ZACHARY SPEAKER	ZSPEAKER@KMBS.KONICAMINOLTA.US		
Order Taking:	123556	ZACHARY SPEAKER	ZSPEAKER@KMBS.KONICAMINOLTA.US		
Servicing:	123556	ZACHARY SPEAKER	ZSPEAKER@KMBS.KONICAMINOLTA.US		

Sales District

24403

Processed

☐ Branch ☒ Windsor

KONICA MINOLTA BUSINESS SOLUTIONS U.S.A., INC.

100 Williams Drive, Ramsey, NJ 07446 (201) 825-4000 www.kmbs.konicaminolta.us

Form: 1011-050117-OS



Premier Advantage Pool Billing Schedule

APPLICATION NO. AGREEMENT NO. **KONICA MINOLTA**

This Pool Billing Schedule is to be attached to and become part of the Item Description for the Agreement by and between the undersigned and Konica Minolta Premier Finance.

POOL NAME: COLOR**Asset Location:** FINANCE NORTH

Make/Model/Accessories	Asset Invoice Information	Serial #	Starting Meter
1. BIZHUB C650I			
2.			
3.			
4.			
5.			

☒ Monthly ☐ Quarterly Payment* \$ 274.18 Included Number of Pages 0 Excess Page Charge* \$.04 *plus applicable taxes

POOL NAME: BLACK & WHITE**Asset Location:** FINANCE NORTH

Make/Model/Accessories	Asset Invoice Information	Serial #	Starting Meter
1. BIZHUB C650I			
2.			
3.			
4.			
5.			

☒ Monthly ☐ Quarterly Payment* \$ 0 Included Number of Pages 0 Excess Page Charge* \$.004 *plus applicable taxes

POOL NAME: COLOR**Asset Location:** SPORTSPLEX

Make/Model/Accessories	Asset Invoice Information	Serial #	Starting Meter
1. BIZHUB C550I			
2.			
3.			
4.			

☒ Monthly ☐ Quarterly Payment* \$ 222.52 Included Number of Pages 0 Excess Page Charge* \$.04 *plus applicable taxes

POOL NAME: BLACK & WHITE**Asset Location:** SPORTSPLEX

Make/Model/Accessories	Asset Invoice Information	Serial #	Starting Meter
1. BIZHUB C550I			
2.			
3.			
4.			

☒ Monthly ☐ Quarterly Payment* \$ 0 Included Number of Pages 0 Excess Page Charge* \$.004 *plus applicable taxes

LESSOR ACCEPTANCE

Konica Minolta Premier Finance

LESSOR

AUTHORIZED SIGNER

TITLE

DATED

CUSTOMER ACCEPTANCE

X

FULL LEGAL NAME OF CUSTOMER (as referenced above)

AUTHORIZED SIGNER

DATED

FEDERAL TAX I.D. #

PRINT NAME

TITLE



Premier Advantage Pool Billing Schedule

APPLICATION NO.

AGREEMENT NO.

KONICA MINOLTA

This Pool Billing Schedule is to be attached to and become part of the Item Description for the Agreement by and between the undersigned and Konica Minolta Premier Finance.

POOL NAME: COLOR
Asset Location: MAYOR'S OFFICE

Make/Model/Accessories

Asset Invoice Information

Serial #

Starting Meter

1. BIZHUB C250I

2.

3.

4.

5.

☒ Monthly ☐ Quarterly Payment*

\$ 124.54

Included

Number of Pages 0

Excess Page Charge* \$ 04

*plus applicable taxes

POOL NAME: BLACK & WHITE
Asset Location: MAYOR'S OFFICE

Make/Model/Accessories

Asset Invoice Information

Serial #

Starting Meter

1. BIZHUB C250I

2.

3.

4.

5.

☒ Monthly ☐ Quarterly Payment*

\$ 0

Included

Number of Pages 0

Excess Page Charge* \$ 004

*plus applicable taxes

POOL NAME:
Asset Location:

Make/Model/Accessories

Asset Invoice Information

Serial #

Starting Meter

1.

2.

3.

4.

☐ Monthly ☐ Quarterly Payment*

\$

Included

Number of Pages

Excess Page Charge* \$

*plus applicable taxes

POOL NAME:
Asset Location:

Make/Model/Accessories

Asset Invoice Information

Serial #

Starting Meter

1.

2.

3.

4.

☐ Monthly ☐ Quarterly Payment*

\$

Included

Number of Pages

Excess Page Charge* \$

*plus applicable taxes

LESSOR ACCEPTANCE

Konica Minolta Premier Finance

LESSOR

AUTHORIZED SIGNER

TITLE

DATED

CUSTOMER ACCEPTANCE

X

FULL LEGAL NAME OF CUSTOMER (as referenced above)

AUTHORIZED SIGNER

DATED

FEDERAL TAX I.D. #

PRINT NAME

TITLE

For office use only (Check one): ☐ Branch ☐ Windsor**Premier Advantage
Supplement**

SUPPLEMENT NO.

KONICA MINOLTA

APPLICATION NO

AGREEMENT NO

CUSTOMER INFORMATION:

FULL LEGAL NAME

VILLAGE OF ORLAND PARK

STREET ADDRESS

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/Licenser if applicable)

SERIAL NO.

STARTING METER

1. BIZHUB C650I

2. BIZHUB C550I

3. BIZHUB C250I

4.

5.

6.

☒ See attached 'Schedule A' for additional Equipment / Accessories / Software**EQUIPMENT DELETED:**

MAKE/MODEL/ACCESSORIES/SOFTWARE (Including Software Description and Supplier/Licenser 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
IncludedExcess B&W
Page Charge* \$Total Color
Pages
IncludedExcess 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* \$

621.24

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:

52 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

☒

LESSOR

AUTHORIZED SIGNER

TITLE

DATED

CUSTOMER ACCEPTANCE☒

FULL LEGAL NAME OF CUSTOMER (as referenced above)

AUTHORIZED SIGNER

DATED

FEDERAL TAX I.D. #

PRINT NAME

TITLE