

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 S00641630 time stamped 10/04/22 02:17 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 030321-KON, dated 04/22/2021 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: 10/4/2022

KMBS Manager

Name: Antoniae Tobin
(Please Print)

Signature: _____

Date: 10/4/2022

Order Agreement

Check Applicable Box Purchase Lease Other:

| | | |
|---------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------|
| VOICE TO Account # | SOLD TO Account # SO 0000144299 | SHIP TO Account # |
| Legal Name VILLAGE OF ORLAND PARK | Legal Name VILLAGE OF ORLAND PARK | Legal Name VILLAGE OF ORLAND PARK |
| Attn Line 1 DAVE BUWICK | Attn Line 1 | Attn Line 1 DAVE BUWICK |
| Attn Line 2 | Attn Line 2 | Attn Line 2 |
| Street Address 14700 S RAVINIA AVE | Street Address 14700 S RAVINIA AVE | Street Address 14700 S RAVINIA AVE |
| City ORLAND PARK State IL Zip 60462-3134 | City ORLAND PARK State IL Zip 60462-3134 | City ORLAND PARK State IL Zip 60462 |
| Tax Exempt <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Copy Required) | Tax Exempt # XXX | |
| P.O. Required <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Copy Required) | P.O. # | P.O. Expiration Date |

Payment Terms:

TERMS SET BY MASTER AGREEMENT

Yes, I want to pay by Credit Card. Please provide contact name/phone below.
 Pay in Full (including applicable tax) Partial Payment, Amount \$ _____

Contact Name: _____ Phone: _____

Requested Delivery Date: SEE ATTACHED

Maintenance Contract Accepted Declined

| QTY | MATERIAL # | MATERIAL DESCRIPTION | SERIAL NUMBER | PRICE EACH | EXTENDED |
|-----|------------|------------------------------------|---------------|--------------|--------------|
| 2 | 3EK15FB1K | HP DESIGNJET T2600DR 36IN PS MFP P | | \$ 11,515.20 | \$ 23,030.40 |
| 2 | 7640020221 | HP WIDE FORMAT DELIVERY CHARGE | | \$ 112.00 | \$ 224.00 |
| 2 | CN538A | HP DESIGNJET 3-IN SPINDLE ADAPTER | | \$ 11.52 | \$ 23.04 |
| 2 | 1XB25A | HP 730F 300ML YELLOW INK NEW | | \$ 175.42 | \$ 350.84 |
| 2 | 1XB26A | HP 730F 300ML MAGENTA INK NEW | | \$ 175.42 | \$ 350.84 |
| 2 | 1XB27A | PP 730F 300ML CYAN INK NEW | | \$ 175.42 | \$ 350.84 |
| 2 | 1XB28A | HP 730F 300ML PHOTO BLACK INK NE | | \$ 175.42 | \$ 350.84 |
| 2 | 1XB29A | HP 730F 300ML GRAY INK NEW | | \$ 175.42 | \$ 350.84 |
| 2 | 1XB30A | HP 730F 300ML MATTE BLACK INK NE | | \$ 172.42 | \$ 344.84 |
| 2 | H4518E | HP DESIGNJET NETWORK INSTALL 400 | | \$ 699.00 | \$ 1,398.00 |
| 1 | T8W18FB1K | HP DESIGNJET Z6DR 44-IN PS PTR V-T | | \$ 6,845.00 | \$ 6,845.00 |
| 1 | 7640020221 | HP WIDE FORMAT DELIVERY CHARGE | | \$ 112.00 | \$ 112.00 |
| 1 | 7640020208 | PROFESS SERVICES BY KMBS NEW | | \$ 1,200.00 | \$ 1,200.00 |
| 1 | CN538A | HP DESIGNJET 3-IN SPINDLE ADAPTER | | \$ 11.52 | \$ 11.52 |

| QTY | MATERIAL # | SUPPLY - MATERIAL DESCRIPTION | PRICE EACH | EXTENDED |
|-----|------------|-------------------------------|------------|----------|
| | | | N/A | |
| | | | N/A | |
| | | | N/A | |
| | | | N/A | |
| | | | N/A | |
| | | | N/A | |

ADDITIONAL CHARGES:

Network Removal Other

Additional Charges _____

TOTAL \$ 36,753.36
(TOTAL is exclusive of applicable taxes)
Total Includes Items on Schedule B

PICK-UP Requested Removal Date: 09/30/2022

| QTY | MATERIAL # | MATERIAL DESCRIPTION | SERIAL NUMBER |
|-----|------------|----------------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

COMMENTS

