

For office use only (Check one): ☐ Branch ☐ Windsor**KONICA MINOLTA****Premier Advantage
Supplement**APPLICATION NO.
2773611

AGREEMENT NO.

SUPPLEMENT NO.

CUSTOMER INFORMATION:

FULL LEGAL NAME

VILLAGE OF ORLAND PARK

STREET ADDRESS

14700 S RAVINIA AVE

CITY

ORLAND PARK

STATE

IL

ZIP

60462

PHONE*

708 349 4111

FAX

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/Licensors 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/Licensors 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* \$

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