



KONICA MINOLTA

For office use only (Check one):  Branch  Windsor

### Premier Lease Supplement

APPLICATION NO.	AGREEMENT NO.	SUPPLEMENT NO.
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#### CUSTOMER INFORMATION:

FULL LEGAL NAME Village of Lombard		STREET ADDRESS 255 E Wilson Ave.	
CITY Lombard	STATE IL	ZIP 60148	PHONE* (630) 620-5700
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 Lessor 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.
1. Bizhub C368	
2. Bizhub 4052	
3. Bizhub C3351	
4.	
5.	
6.	
7.	
8.	

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.
1.	
2.	
3.	
4.	
5.	

#### TERM:

41 Mos. Balance of applicable term. Termination date of this Supplement coincides with the termination date set forth in the Premier Lease 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 Lease Agreement shall remain in full force and effect for the remaining original Equipment.

#### NEW TOTAL PAYMENT:

The payment below is your new TOTAL payment.

#### 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 \$ \_\_\_\_\_ (plus applicable taxes) OR Monthly Payment \$ 394.75 (plus applicable taxes)

#### TERMS AND CONDITIONS:

You have requested this Supplement to the Premier Lease 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 Lease 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		NAE	7-8-19
LESSOR	AUTHORIZED SIGNER	TITLE	DATED

#### CUSTOMER ACCEPTANCE

Village of Lombard		6-30-19
FULL LEGAL NAME OF CUSTOMER (as referenced above)	AUTHORIZED SIGNER	DATED
36-6005975	Keith Giagnorio Village President	
FEDERAL TAX I.D. #	PRINT NAME	TITLE

# Maintenance Agreement

## Customer Information

Sold to Acct #:	404084	Payer/Bill to Acct #:		Ship to Acct #:	
Name:	Village of Lombard	Name:	Village of Lombard	Name:	Village of Lombard
Attn/Dept:		Attn/Dept:		Attn/Dept:	
Ste/Rm:		Ste/Rm:		Ste/Rm:	
Address:	255 E Wilson Ave.	Address:	255 E Wilson Ave.	Address:	255 E Wilson Ave.
City:	Lombard	City:		City:	
State:	IL	State:	IL	State:	IL
Zip:	60148	Zip:	60148	Zip:	60148
Tax Exempt Customer?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Tax Exemption Number:	36-6005975	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name:		Email:	
					Ph:

## Coverage / Billing Options

<b>Coverage Options:</b>	<b>MFP</b>	<b>Wide Format</b>
Select Options:	<input checked="" type="checkbox"/> Supply Inclusive <input type="checkbox"/> After Hours Service - Requires After Hours Agreement <input checked="" type="checkbox"/> Decline Digital Connected Support*	<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.	
<b>Billing Options:</b>	<b>MFP</b>	<b>Wide Format</b>
Initial Term in Months:	<input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input checked="" type="checkbox"/> Other 41	<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	<input type="checkbox"/> Monthly
Effective Date:	<input checked="" type="checkbox"/> On Install <input type="checkbox"/> Date:	<b>All Devices</b>
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

Item	Model Description	Serial Number	Type	Monthly Minimum Volume	Monthly Flat Rate \$	Cost Per Copy Rate \$	Start Meter	Sub Fleet	Price Plan
1	Bizhub C368		Color			0.04000			
			B/W			0.00450			
2	Bizhub 4052		Color						
			B/W			0.00800			
3	Bizhub C3351		Color			0.04000			
			B/W			0.00800			

Additional Equipment on Schedule B

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

Add to existing maintenance agreement, no escalation of rates during period

Customer's signature below acknowledges Customer's consent to 'KMBS Standard Maintenance Terms and Conditions - Schedule A (Updated September 1, 2015)', available in hardcopy upon request or online at <http://kmbs.konicaminolta.us/MaintenanceTerms-BI93C>, terms of which are incorporated into this Agreement. Not Binding on KMBS until signed by KMBS Manager.

Customer Name:	Village of Lombard	KMBS Representative:	
	<small>Please Print</small>		
Customer Title:		KMBS Manager Name:	
			<small>Please Print</small>
Customer Signature:		KMBS Manager Signature:	
	Date:		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
Order Taking:	Sales Rep Number	Sales Rep Name	Sales Rep Email Address	Sales District	
Originating:					
Order Taking:					
Originating:					
	KONICA MINOLTA BUSINESS SOLUTIONS U.S.A., INC.				Processed
					<input type="checkbox"/> Branch <input type="checkbox"/> Windsor