



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	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 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.

Monthly Payment \$ _____ (plus applicable taxes)

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

Coverage Options:	MFP	Wide Format
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.	
Billing Options:	MFP	Wide Format
Initial Term in Months: _____	<input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input checked="" type="checkbox"/> Other <u>41</u>	<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	
Effective Date: _____	<input checked="" type="checkbox"/> On Install <input type="checkbox"/> Date: _____	
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: <u>Village of Lombard</u>	KMBS Representative: _____
<small>Please Print</small>	
Customer Title: _____	KMBS Manager Name: _____
	<small>Please Print</small>
Customer Signature: _____	Date: _____
	KMBS Manager Signature: _____
	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
Sales Rep Number: _____	Sales Rep Name: _____	Sales Rep Email Address: _____	Sales District: _____	
Originating: _____	_____	_____	_____	_____
Order Taking: _____	_____	_____	_____	_____
Service: _____	_____	_____	_____	_____