

Supplementary Schedule for Master Lease

CUSTOMER BILL - TO INFORMATION (Separate schedules must be completed for each billing location.)			
LEGAL COMPANY NAME Williamson County Juvenile Justice Center		DEPARTMENT NAME	
STREET ADDRESS / P.O. BOX 200 Wilco Way		BLDG / ROOM / SUITE	
CITY Georgetown	STATE Texas	ZIP 78628	BILLING CONTACT NAME John Pelczar
BILL-TO PHONE NUMBER* 512 943 3204	FAX NUMBER	FEDERAL TAX I.D. NUMBER	

CUSTOMER INSTALLATION LOCATION (Separate schedules must be completed for each billing location.)			
LESSEE LEGAL NAME Williamson County Juvenile Services		DEPARTMENT NAME	
STREET ADDRESS / P.O. BOX 303 Martin Luther King St.		BLDG / FLOOR / ROOM / SUITE	
CITY Georgetown	STATE Texas	ZIP 78726	CONTACT NAME x Marc Ruiz
PHONE NUMBER x 512 775 2057	FAX NUMBER		

MAKE/MODEL NO./ACCESSORIES	SERIAL NO.
(1) BIZHUB 450i	
(1) MFP Delivery	
(1) PC-416 Paper Feed Cabinet	
((1) FS-539 Staple Finisher and Relay Kit	
(1) PK-524 2/3 Hole Punch Kit for FS-539	
(1) ESP Diagnostic Power Filter 120V/15A	
(1) Basic Network Service	
(1) Professional Services	

Maintenance Agreement includes all toner and supplies - all copies to be billed monthly at 0.0059

See attached schedule for additional Equipment / Accessories

TERM AND PAYMENT SCHEDULE	
36 (mos.)	Monthly Payments of \$ 175.40 (plus applicable taxes)
<input checked="" type="checkbox"/> FMV <input type="checkbox"/> \$1.00 Out	

THIS SUPPLEMENTARY SCHEDULE INCORPORATES ALL OF THE TERMS & CONDITIONS OF THE MASTER LEASE AGREEMENT FOR THE LEASE OF EQUIPMENT IDENTIFIED ABOVE.

LESSOR ACCEPTANCE	
DocuSigned by: Konica Minolta Business Solutions USA, Inc. Mito Bump	
DATED	LESSOR SIGNATURE PRINT NAME

CUSTOMER ACCEPTANCE		
X		
DATED	FULL LEGAL NAME SIGNATURE / TITLE	PRINT NAME