

Supplementary Schedule for Master Lease

CUSTOMER BILL - TO INFORMATION *(Separate schedules must be completed for each billing location.)*

LEGAL COMPANY NAME WILLIAMSON COUNTY			DEPARTMENT NAME JUVENILE JUSTICE CENTER
STREET ADDRESS / P.O. BOX 200 WILCO WAY			BLDG / ROOM / SUITE
CITY GEORGETOWN	STATE TEXAS	ZIP 78626	BILLING CONTACT NAME ASHLEY CULIN
BILL-TO PHONE NUMBER* (512) 943-3213	FAX NUMBER	FEDERAL TAX I.D. NUMBER	

CUSTOMER INSTALLATION LOCATION *(Separate schedules must be completed for each billing location.)*

LESSEE LEGAL NAME WILLIAMSON COUNTY			DEPARTMENT NAME JUVENILE JUSTICE CENTER
STREET ADDRESS / P.O. BOX 200 WILCO WAY			BLDG / FLOOR / ROOM / SUITE
CITY GEORGETOWN	STATE TEXAS	ZIP 78626	CONTACT NAME
PHONE NUMBER	FAX NUMBER		

MAKE/MODEL NO./ACCESSORIES SERIAL NO.

QUANTITY (4) BIZHUB 350I + DF-714 MODELS WITH THE FOLLOWING ACCESSORIES: PC-416 CABINET, FS-539, RU-513 RELAY UNIT,
PK-524 2/3 PUNCH UNIT FOR FS-539, ESP DIAGNOSTIC POWER FILTER 120V/15A, BIZHUB SECURE

QUANTITY (1) BIZHUB C550I WITH THE FOLLOWING ACCESSORIES: PC-416 CABINET, FS-539, RU-513 RELAY UNIT, PK-524 2/3 PUNCH UNIT FOR FS-539, ESP DIAGNOSTIC POWER FILTER 120V/15A,
BIZHUB SECURE

QUANTITY (7) BIZHUB 4050I WITH THE FOLLOWING ACCESSORIES: 2 EA. PF-P21, DK-P05 COPY DESK, ESP DIAGNOSTIC POWER FILTER 120V/15A,
BIZHUB SECURE MFP SMALL

QUANTITY (4) BIZHUB 4050I WITH THE FOLLOWING ACCESSORIES: ESP DIAGNOSTIC POWER FILTER 120V/15A, BIZHUB SECURE SMALL MFP

INCLUDES UPGRADE OF CONTRACT [REDACTED]

See attached schedule for additional Equipment / Accessories

TERM AND PAYMENT SCHEDULE

60 Monthly Payments of \$ 1,362.50
(mos.) (plus applicable taxes)

FMV \$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

10/27/2021 **Konica Minolta Business Solutions USA, Inc.**  Harrison Harpole
DATED LESSOR SIGNATURE PRINT NAME

CUSTOMER ACCEPTANCE


DATED FULL LEGAL NAME SIGNATURE / TITLE PRINT NAME



Maintenance Agreement

Customer Information

Sold to Acct #: [REDACTED]	Payer/Bill to Acct #: _____	Ship to Acct #: _____
Name: <u>WILLIAMSON COUNTY JUVENILE CENTER</u>	Name: <u>WILLIAMSON COUNTY JUVENILE CENTER</u>	Name: <u>WILLIAMSON COUNTY JUVENILE CENTER</u>
Attn/Dept: _____	Attn/Dept: _____	Attn/Dept: _____
Ste/Rm: _____	Ste/Rm: _____	Ste/Rm: _____
Address: <u>200 WILCO WAY</u>	Address: <u>200 WILCO WAY</u>	Address: <u>200 WILCO WAY</u>
City: <u>GEORGETOWN</u>	City: <u>GEORGETOWN</u>	City: <u>GEORGETOWN</u>
State: <u>TX</u> Zip: <u>78626</u>	State: <u>TX</u> Zip: <u>78626</u>	State: <u>TX</u> Zip: <u>78626</u>
Tax Exempt Customer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Tax Exemption Number: _____ Tax Exemption Certificate must be attached when applicable.		
PO Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PO Number: _____ PO Expiration Date: _____ PO must be attached when applicable.		
<input type="checkbox"/> Individual PO <input type="checkbox"/> Blanket PO PO Contact: _____ Email: _____ Ph: _____		
Fleet Manager? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Name: _____ Email: _____ Ph: _____		

Coverage / Billing Options

Coverage Options: MFP 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*	Wide Format Select Options: <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 Initial Term in Months: <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input checked="" type="checkbox"/> 60 <input type="checkbox"/> Other _____ Flat Rate Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually Meter Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually Aggregate Volume: <input checked="" type="checkbox"/> B/W <input checked="" type="checkbox"/> Color	Wide Format Initial Term in Months: <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other _____ Flat Rate Frequency: <input type="checkbox"/> Monthly Meter Frequency: <input type="checkbox"/> Monthly
All Devices	
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

MFP				Monthly Minimum Volume	Monthly Flat Rate \$	Cost Per Copy Rate \$	Start Meter	Sub Fleet	Price Plan
1	BIZHUB 360I + DF-714	[REDACTED]	Color						
			B/W			0.00800			
2	BIZHUB 360I + DF-714	[REDACTED]	Color						
			B/W			0.00800			
3	BIZHUB 360I + DF-714	[REDACTED]	Color						
			B/W			0.00800			

Additional Equipment on Schedule B

Wide Format				Monthly Minimum Volume (Sq. Feet)	Monthly Flat Rate \$	Cost Per Square Foot Rate \$	Start Meter	Sub Fleet	Price Plan
1	[REDACTED]	[REDACTED]	Color						
			B/W						

Additional Equipment on Schedule C

Comments

NEW STATIC AGGREGATE - B/W & COLOR -- BW MONTHLY TOTAL FLEET VOLUME : 60000, BW MONTHLY TOTAL BASE \$: 480.00, BW CPC RATE : 0.00800
 COLOR MONTHLY TOTAL FLEET VOLUME : 3500, COLOR MONTHLY TOTAL BASE \$: 157.50, COLOR CPC RATE : 0.04500

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 District: 38602
Sales Rep Number: 121401 Sales Rep Name: MICHAEL RESA Sales Rep Email Address: MRESA@KMBS.KONICAMINOLTA.US	Processed: <input type="checkbox"/> Branch <input checked="" type="checkbox"/> Windsor
Originating: 121401 MICHAEL RESA MRESA@KMBS.KONICAMINOLTA.US	
Order Taking: 121401 MICHAEL RESA MRESA@KMBS.KONICAMINOLTA.US	
Servicing: 121401 MICHAEL RESA MRESA@KMBS.KONICAMINOLTA.US	



Maintenance Agreement Additional Equipment - Schedule B

Maintenance Pricing								Internal Use		
MFP				Monthly Minimum Volume	Monthly Flat Rate \$	Cost Per Copy Rate \$	Start Meter	MA #:	Sub Fleet	Price Plan
Item	Model Description	Serial Number	Type							
1	BIZHUB 360I + DF-714		Color			0.00800				
			B/W							
2	BIZHUB C550I		Color			0.04500				
			B/W			0.00800				
3	BIZHUB 4050I 42 PPM A 4 MFP		Color							
			B/W			0.00800				
4	BIZHUB 4050I 42 PPM A 4 MFP		Color							
			B/W			0.00800				
5	BIZHUB 4050I 42 PPM A 4 MFP		Color							
			B/W			0.00800				
6	BIZHUB 4050I 42 PPM A 4 MFP		Color							
			B/W			0.00800				
7	BIZHUB 4050I 42 PPM A 4 MFP		Color							
			B/W			0.00800				
8	BIZHUB 4050I 42 PPM A 4 MFP		Color							
			B/W			0.00800				
9	BIZHUB 4050I 42 PPM A 4 MFP		Color							
			B/W			0.00800				
10	BIZHUB 4050I 42 PPM A 4 MFP		Color							
			B/W			0.00800				
11	BIZHUB 4050I 42 PPM A 4 MFP		Color							
			B/W			0.00800				
12	BIZHUB 4050I 42 PPM A 4 MFP		Color							
			B/W			0.00800				
13	BIZHUB 4050I 42 PPM A 4 MFP		Color							
			B/W			0.00800				
14			Color							
			B/W							
15			Color							
			B/W							
16			Color							
			B/W							
17			Color							
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28			Color							
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