

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	Z P 78626	BILL NG CONTACT NAME ASHLEY CULIN
B LL-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	Z P 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

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

Nov 9, 2021 **Bill Gravell**  **County Judge**

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>W LLIAMSON COUNTY JUVENILE CENTER</u>		Name: <u>W LLIAMSON COUNTY JUVENILE CENTER</u>	Name: <u>W LLIAMSON 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* * Digital Connect Support will be added automatically billed at \$12.00 per serial number monthly, unless declined above.	Wide Format Select Options: <input type="checkbox"/> 1oner (Black Only) <input type="checkbox"/> 20lb Bond Roll Paper <input type="checkbox"/> Decline Digital Connected Support*
Billing Options: 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 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other _____ <input type="checkbox"/> Monthly <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	Internal Use	
Item	Model Description	Serial Number	Type					Sub Fleet	Price Plan
1	BIZHUB 360I + DF-714		Color						
			B/W			0.00800			
2	BIZHUB 360I + DF-714		Color						
			B/W			0.00800			
3	BIZHUB 360I + DF-714		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	Internal Use	
Item	Model Description	Serial Number	Type					Sub Fleet	Price Plan
1			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: <u>38602</u>
Sales Rep Number: <u>121401</u>	Sales Rep Name: <u>MICHAEL RESA</u>	Processed: <input type="checkbox"/> Branch <input checked="" type="checkbox"/> Windsor
Order Taking: <u>121401</u>	<u>MICHAEL RESA</u>	
Servicing: <u>121401</u>	<u>MICHAEL RESA</u>	
	<u>MRESA@KMBS.KONICAMINOLTA.US</u>	
	<u>MRESA@KMBS.KONICAMINOLTA.US</u>	
	<u>MRESA@KMBS.KONICAMINOLTA.US</u>	



Maintenance Agreement
Additional Equipment - Schedule B

Maintenance Pricing								Internal Use	
MFP				Monthly Minimum Volume	Monthly Flat Rate \$	Cost Per Copy Rate \$	Start Meter	MA #:	
Item	Model Description	Serial Number	Type					Sub Fleet	Price Plan
1	BIZHUB 360I + DF-714		Color						
			B/W			0.00800			
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						
			B/W						
18			Color						
			B/W						
19			Color						
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28			Color						
			B/W						