

Order Package: S00533727

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Form: 3000-090115-OS

Order Agreement

	Check Applicable E	<u>Box</u> ⊠ Purch	ase	□ Lease	□ o	ther:					
NVOICE TO Account #		SOLD TO Account # SO 0004183405 SH			SHIP TO	P TO Account #					
Legal Name SAUK COUNTY			Legal Name SAUK COUNTY Legal			Legal Name	Name SAUK COUNTY HUMAN SERVICES				
Attn Line	1 LISA VODAK		Attn Line 1 Attn Li				ine 1 MATT VODAK				
Attn Line	2 STE C103		Attn Line 2 STE C103 Attn Li				ine 2				
Street Ad	ddress 510 BROAD\	WAY ST., SUITE C103					t Address 425 SIXTH ST.				
53913-			53913-				53959- REEDSBURG State WI Zip 1202				
Гах Exen	mpt 🗆 No 🕱	Yes (Conv Required)	Tay Evemnt #	•							
	quired 🔀 No 🗆	Yes (Copy Required)	P.O. #		P.	O. Expiration I		1			
•	t Terms:	Yes, I wai	P.O. # P.O. Expirit to pay by Credit Card. Please provide contact name/phone below (including applicable tax) Partial Payment, Amount \$			one below.	Ow. Amount				
NET 30	DAYS	Contact Name	ii (including applicat e:	ne tax) 🔲 Fartiai i	Payment, Amour Phone	пъ e:	- 5	Check #			
Requ	ested Delivery Da	te: SEE ATTACHED	-	Maintenance C	ontract	Accepted 🔀	Declined	1			
QTY	MATERIAL #	MATERIAL DESC	CRIPTION	SERIAL	NUMBER		PRICE EA	CH	EXTE	NDED	
1	A79M011	BIZHUB C458 COPIER/	PRINTER				\$ 4	,593.00	\$ 4	1,593.00	
1	7670525507	DELIVERY CHARGE - L					\$	0.00	\$	0.00	
1	7640018094	BASIC NETWORK SER					\$	0.00	\$	0.00	
1	A9HF013	PC-415 LARGE CAPAC					\$	410.00	\$	410.00	
1	A87GWY3	FS-536 FINISHER (50 S	,				\$	545.00	\$	545.00	
1	A3ETW11	PK-520 2/3 HOLE PUNC RU-513 FINISHER REL	,				\$ \$	193.00 70.00	<u>\$</u> \$	193.00 70.00	
<u>'</u> 1	A87JWY2 D5133NTKM	ESP POWER FILTER 12					\$	75.00		75.00	
1	A883012	FK-514 FAX KIT (1ST/2)				36	\$	333.00	\$	333.00	
1	7640015657	BIZHUB SECURE					\$	100.00	\$	100.00	
							<u> </u>				
QTY	MATERIAL #	SUPPLY - MATERIAL					PRICE EA			ENDED	
1	A9E8430	TONER TN514C (YIELD	•		N/A		\$	0.00	\$	0.00	
11	A9E8130	TONER TN514K (YIELI			N/A		\$	0.00	\$	0.00	
<u>1</u> 1	A9E8330 A9E8230	TONER TN514M (YIELD TONER TN514Y (YIELD	, ,		N/A N/A		<u>\$</u> \$	0.00	<u>\$</u> \$	0.00	
<u>'</u>	A9L0230	TONER 1113141 (TIELL	7. 20,000)		N/A		Ψ	0.00	Ψ	0.00	
					N/A						
ADDITIC	DNAL CHARGES			<u> </u>		Addit	ional Charges				
						тот				6,319.00	
	Network	Removal		☐ Other		Т)	OTAL is exclu	sive of applic	able taxe	es)	
F	PICK-UP	Requested Removal Da	ite: 12/12/2019								
QTY	MATERIAL #		MATERIAL D	ESCRIPTION			SE	RIAL NUME	BER		
	+										
				COMMENTS							



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MyKMBS.com Access Request Form

	Customer Name: S	Customer Name: SAUK COUNTY						
	Busi New or Existing Serial Number(s):	ness Class: Corporate Acct Mational Government Branch Customer: New MExisting 1	SAP Account #: 0004183405/00041834	<u>1</u> 05				
	(Include at least one)	5 6	8 9					
USER	Role	## Fleet Manager □ Local Manager ** □ Meters Only □ Order Supplies Only □ Service Calls Only If Fleet Manager or Local Manager is selected, also check one of the following: □ Set-up to view all locations □ Set-up to view only the location(s) linked to specified serial number(s)						
Š	First Name:	MATT	Last Name: VODAK Required					
	Email:	MATT.VODAK@SAUKCOUNTYWI.GOV Required	required					
USER	Role	## Fleet Manager*	dess					
š	First Name:	LISA Required	Last Name: VODAK Required					
		LISA. VODAK @ SAUKCOUNTYWI.GOV	кедигеа					
USER	Role:	Fleet Manager* Local Manager** Meters Only Order Supplies Only Service Calls On If Fleet Manager or Local Manager is selected, also check one of the following: Set-up to view all locations Set-up to view only the location(s) linked to specified serial number(s)	nly					
)	First Name:		Last Name:					
	Email:		Required					
	* Fleet Manager - All capabilities of Local Managers as well as the ability to manage users and see reports. ** Local Manager - Gives user the ability to place supply orders, initiate service calls, report meter reads and pay invoices by credit card. Have customer alert his/her IT Department to accept the following email addresses: meterreads@kmbs.konicaminolta.us activation@kmbs.konicaminolta.us extranet@kmbs.konicaminolta.us							
BS	Representative:	NATHAN ROZEK Territory Code: 117328	KEVIN Sales Manager: CRAWFORD Territory Code: 932 -	122945				
¥	Corporate Acct Mgr:	Territory Code:	Branch Name: WISCONSIN Branch Number:	932				
		Branch forms are to be submitted with your sales order to your local branch add For Corporate, National, and Government accounts, email completed form to my						
COMMENIS								

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Order Package Acceptance Agreement

Customer Name/Address:

SAUK COUNTY 505 BROADWAY ST STE C103 BARABOO, WI 53913-2404

Customer's signature below constitutes Customer's acceptance of the preceding forms in this Order Package (as identified by Order Package ID S00533727 time stamped 11/25/19 05:40 PM).

This Order Package is governed by the terms and conditions of the Master Agreement contract between Konica Minolta Business Solutions U.S.A., Inc. and 3091- NASPO COOPERTIVE PURCHASING

dated 01/01/2015 terms of which are incorporated into this agreement. If payment by credit card is indicated above, Customer hereby grants KMBS the authority to charge the Customer's credit card in the amount indicated (plus applicable taxes). KMBS assumes no responsibility to pick-up, return to any party, and/or resolve any financial obligations on any existing Customer equipment except as specifically stated in this Agreement or separately executed form.

Not binding on KMBS until signed by KMBS Manager.

Authorized Customer Representative	KMBS Representative
Name: Matt Vodak (Please Print)	Name: Nathan Rozek (Please Print) Occurred by:
Signature:	Signature: Nathan Royck
Title: <u>Systems Support</u>	Date: <u>11/25/2019</u>
Date:	KMBS Manager
	Name: Kevin Crawford (Please Print)
	(Please Print) Docusigned by: Lewin Crawford BBBA9020BE15464

Date: 11/25/2019