

Order Package: S00533727

12/03/19 10:53 AM Page 001 of 003

Form: 3000-090115-OS

Order Agreement

	Check Applicable I	<u>Box</u> ⊠ Purcl	nase	□ Lease	☐ Other:						
NVOICE TO Account #		SOLD TO Account # SO 0004183405 SHIP			P TO Accou	TO Account #					
_egal Na	me SAUK COUNT	Y	Legal Name SAUK COUNTY Legal			al Name SAUK Co	Name SAUK COUNTY HUMAN SERVICES				
Attn Line	1 LISA VODAK		Attn Line 1	Attn Line 1 Attn Li			ine 1 MATT VODAK				
				2 STE C103 Attn L			ine 2				
		WAY ST., SUITE C103	Street Address 505		t Address 425 SIXTH ST.						
		53913- State WI Zip 2404	City BARABOO		53959- REEDSBURG State WI Zip 1202						
Tax Exer		Yes (Copy Required)		City BARABOO State WI Zip 2404 City REEDSBURG State WI Zip 1202						1202	
P.O. Req	uired 🔀 No 🗆	Yes (Copy Required)	P O #		P.O. Exp	iration Date					
•	Terms:	ਰੂ ਦੂ ☐ Yes, I wa	nt to pay by Credit C	ard. Please provide conta le tax)	ct name/phone bel	low.	를 An	nount			
NET 30	DAYS	Contact Nam	ii (including applicab e	ie tax) 🔲 Partiai Payr	nent, Amount \$ _ Phone:		ᅾᇦ	neck#			
Reau	ested Delivery Da	te: SEE ATTACHED	<u>. </u>	Maintenance Cont		ed 🔀 Declined		icon ii			
QTY	MATERIAL #	MATERIAL DES	CRIPTION	SERIAL NU		PRICE	EACH		EXTE	NDED	
1	A79M011	BIZHUB C458 COPIER					\$ 4,593			,593.00	
1	7670525507	DELIVERY CHARGE - I	_EVEL 2				\$ 0	0.00	\$	0.00	
1	7640018094	BASIC NETWORK SER	VICE - BNS04				·	0.00	\$	0.00	
1	A9HF013	PC-415 LARGE CAPAC						0.00		410.00	
1	A87GWY3	FS-536 FINISHER (50 S					\$ 545	5.00	\$	545.00	
1	A3ETW11	PK-520 2/3 HOLE PUN	•				-	3.00	\$	193.00	
1	A87JWY2	RU-513 FINISHER REL					·	0.00	\$	70.00	
1	D5133NTKM	ESP POWER FILTER 1						5.00	\$	75.00	
1	A883012	FK-514 FAX KIT (1ST/2 BIZHUB SECURE	ND LINES)				•	0.00	\$ \$	333.00 100.00	
1	7640015657	BIZHUB SECURE					ф 100	J.00	φ	100.00	
										-	
							-				
QTY	MATERIAL #	SUPPLY - MATERIAL	DESCRIPTION			PRICE	EACH		EXTE	NDED	
1	A9E8430	TONER TN514C (YIELD	0: 26,000)	N/A			\$ (0.00	\$	0.00	
1	A9E8130	TONER TN514K (YIEL	D: 28,000)	N/A			\$ (0.00	\$	0.00	
1	A9E8330	TONER TN514M (YIELI	D: 26,000)	N/A			\$ (0.00	\$	0.00	
1	A9E8230	TONER TN514Y (YIELD	D: 26,000)	N/A			\$ (0.00	\$	0.00	
				N/A							
ADDITIC	MAL CHARGES			N/A		Additional Char	7000				
ADDITIC	NAL CHARGES					Additional Char	yes		\$ 6	3,319.00	
	Network	☐ Removal		□ Other		(TOTAL is ex	clusive	of applicable			
ī	PICK-UP	Requested Removal Da									
QTY	MATERIAL #	Requested Removal De	MATERIAL DI	ESCRIPTION			SERIA	L NUMBER			
Ψ							<u> </u>				
				0011115							
				COMMENTS							

In Process



Order Package: S00533727 12/03/19 10:53 AM Page 002 of 003

MyKMBS.com Access Request Form

	Customer Name: SAUK COUNTY					
	Busi New or Existing	ness Class: Corporate Acct National Government Branch Customer: New Existing	SAP Account #: 0004183405/00041834	<u>1</u> 05		
	Serial Number(s): (Include at least one)	1 4 5 6	7 8 9			
USER	Role	■ Fleet Manager*				
ő	First Name:		Last Name: VODAK			
	Email:	MATT.VODAK@SAUKCOUNTYWI.GOV Required	Required			
USEK	Role		cess			
3	First Name:	LISA	Last Name: VODAK Required			
		LISA.VODAK@SAUKCOUNTYWI.GOV Required	Required			
USEK	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)	,			
ð	First Name:		Last Name:			
	Email:		Required			
** H	Local Manager - Gives user	Required es of Local Managers as well as the ability to manage users and see reports. the ability to place supply orders, initiate service calls, report meter reads and pay invoices by Department to accept the following email addresses: olta.us activation@kmbs.konicaminolta.us extranet@kmbs.konicaminolta.us	credit card.			
20	Representative:	NATHAN ROZEKTerritory Code:117328	KEVIN Sales Manager: CRAWFORD Territory Code:	122945		
A V	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 adm For Corporate, National, and Government accounts, email completed form to myle				

Form: 3008-090115-OS

In Process



Order Package: S00533727 12/03/19 10:53 AM Page 003 of 003

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 12/03/19 10:53 AM).

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 Through WIS. P.A. #505ENT-M15-MFDCOPIER-04, 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	Name: NATHAN N. ROZEK			
(Please Print)	(Please Print) DocuSigned by:			
Signature:	Signature: NATHAN N. ROZEK			
Title:Systems Support	Date:			
Date:	KMBS Manager			
	Name:Kevin Crawford			
	(Please Print) Docusigned by: Levin Crawford BBBA9020BE 15464			
	12/4/2019			