KONICA MINOLTA

Order Agreement

	Check Applicable	Box X Purcl	nase	Lease C	Other:				
INVOICE TO Account #			SOLD TO Account # SO 0004183405 SHI			Account #			
Legal Name SAUK COUNTY Legal Name SAU				COUNTY	Legal Name SAUK COUNTY HUMAN SERVICES			CES	
Attn Line 1 LISA VODAK Attn Line 1				Attn Line 1 MATT VODAK					
Attn Line 2 STE C103 Attn Line 2 STE C									
Street Address 510 BROADWAY ST., SUITE C103 Street Address 505									
City BARABOO State WI Zip 2404 City BARABOO				53913- 53959-					53959-
		Yes (Copy Required)	Tax Exempt #				Oluio	<u> </u>	1202
P.O. Req	uired 🔀 No 🛛	Yes (Copy Required)	P.O. #	P	.O. Expirat	ion Date			
Payment		Yes, I wa Card Pay in Fu	nt to pay by Credit C	ard. Please provide contact name/ph	one below.	· .	_풍 Amount		
NET 30	DAYS	ੈ ੲ ਾ ¯ Pay in Fu Contact Nam	nt to pay by Credit Card. Please provide contact name/phor I (including applicable tax)		Int \$	e below. \$5 Check #			
Requi	ested Delivery D	ate: SEE ATTACHED	e.			Declined	Check #		
QTY	MATERIAL #	MATERIAL DES	CRIPTION	SERIAL NUMBER	Accepted	•		EVTE	
1	A79M011	BIZHUB C458 COPIER		SERIAL NOMBER		PRICE EACH \$ 4,593.00		EXTENDED \$ 4,593.00	
1	7670525507	DELIVERY CHARGE -				\$	0.00	\$	0.00
1	7640018094	BASIC NETWORK SEF				\$	0.00	\$	0.00
1	A9HF013	PC-415 LARGE CAPAC				\$	410.00	\$	410.00
1	A87GWY3	FS-536 FINISHER (50 S	SHEETS)			\$	545.00	\$	545.00
1	A3ETW11	PK-520 2/3 HOLE PUN	CH UNIT (FS-534			\$	193.00	\$	193.00
1	A87JWY2	RU-513 FINISHER REL	AY UNIT			\$	70.00	\$	70.00
1	D5133NTKM	ESP POWER FILTER 1	20V/15A BASIC			\$	75.00	\$	75.00
1	A883012	FK-514 FAX KIT (1ST/2	ND LINES)			\$	333.00	\$	333.00
1	7640015657	BIZHUB SECURE				\$	100.00	\$	100.00
OTV			DECODIDITION						
QTY 1	MATERIAL # A9E8430	SUPPLY - MATERIAL TONER TN514C (YIELI		N/A		PRICE EA			
	I A9E0430					<u>\$</u> \$	0.00	\$ \$	0.00
1		```	D· 28 000)	N/A		U			0.00
1	A9E8130	TONER TN514K (YIEL		N/A N/A			0.00		0.00
1	A9E8130 A9E8330	TONER TN514K (YIEL TONER TN514M (YIEL	D: 26,000)	N/A		\$	0.00	\$	0.00
	A9E8130	TONER TN514K (YIEL	D: 26,000)						0.00
1	A9E8130 A9E8330	TONER TN514K (YIEL TONER TN514M (YIEL	D: 26,000)	N/A N/A		\$	0.00	\$	
1	A9E8130 A9E8330	TONER TN514K (YIEL TONER TN514M (YIEL	D: 26,000)	N/A N/A N/A		\$	0.00	\$	
1 1 ADDITIO	A9E8130 A9E8330 A9E8230 NAL CHARGES	TONER TN514K (YIEL TONER TN514M (YIEL TONER TN514Y (YIELI	D: 26,000) D: 26,000)	N/A N/A N/A N/A		\$ \$ Additional Charge	0.00 0.00 s	\$	0.00
1 1 ADDITIO	A9E8130 A9E8330 A9E8230	TONER TN514K (YIEL TONER TN514M (YIEL	D: 26,000) D: 26,000)	N/A N/A N/A		\$ \$ Additional Charge	0.00 0.00 s	\$	0.00
1 1 ADDITIO	A9E8130 A9E8330 A9E8230 NAL CHARGES	TONER TN514K (YIEL TONER TN514M (YIEL TONER TN514Y (YIELI	D: 26,000) D: 26,000)	N/A N/A N/A N/A		\$ \$ Additional Charge	0.00 0.00 s	\$	0.00
1 1 ADDITIO	A9E8130 A9E8330 A9E8230 NAL CHARGES Network	TONER TN514K (YIEL TONER TN514M (YIEL TONER TN514Y (YIELI	D: 26,000) D: 26,000)	N/A N/A N/A N/A		\$ \$ Additional Charge TOTAL (TOTAL is exclu	0.00 0.00 s	\$ \$ \$ cable taxe	0.00
1 1 ADDITIO	A9E8130 A9E8330 A9E8230 NAL CHARGES Network PICK-UP	TONER TN514K (YIEL TONER TN514M (YIEL TONER TN514Y (YIELI	D: 26,000) D: 26,000) di ate: 12/12/2019	N/A N/A N/A N/A		\$ \$ Additional Charge TOTAL (TOTAL is exclu	0.00 0.00 s usive of appli	\$ \$ \$ cable taxe	0.00
1 1 ADDITIO	A9E8130 A9E8330 A9E8230 NAL CHARGES Network PICK-UP	TONER TN514K (YIEL TONER TN514M (YIEL TONER TN514Y (YIELI	D: 26,000) D: 26,000) di ate: 12/12/2019	N/A N/A N/A N/A		\$ \$ Additional Charge TOTAL (TOTAL is exclu	0.00 0.00 s usive of appli	\$ \$ \$ cable taxe	0.00
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DocuSign Envelope ID: AE2D4441-B270-4E8C-84AA-5F803EB416C7



MyKMBS.com Access Request Form

Customer Name: S	AUK COUNTY	
Busi New or Existing Serial Number(s): (Include at least one)	g Customer: □ New X Existing 1 4	Branch SAP Account #: 0004183405/0004183405 Required if existing 7 8 9 9
Role:	Ket Manager* Local Manager** Meters Only Order Supplies Only If Fleet Manager or Local Manager is selected, also check one of the foil Set-up to view all locations Set-up to view only the location(s) linked to spect	owing:
First Name:	MATT Required MATT.VODAK@SAUKCOUNTYWI.GOV Required	Last Name: VODAK Required
Role:	Keter Manager* Local Manager** Meters Only Order Supplies Or If Fleet Manager or Local Manager is selected, also check one of the foll Set-up to view all locations Set-up to view only the location(s) linked to spece	owing:
First Name: Email:	ELISA Required ELISA.VODAK@SAUKCOUNTYWI.GOV Required	Last Name: VODAK
Role:	Imager* Imager** Imager** Imager Only Order Supplies Only If Fleet Manager or Local Manager is selected, also check one of the foll Set-up to view all locations Imager Set-up to view only the location(s) linked to spece	owing:
First Name: Email:	Required	Last Name: Required
** Local Manager - Gives user Have customer alert his/her IT	ies of Local Managers as well as the ability to manage users and see report r the ability to place supply orders, initiate service calls, report meter reads r Department to accept the following email addresses: olta.us activation@kmbs.konicaminolta.us extranet@kmbs.konicaminolta	and pay invoices by credit card.
Representative: Corporate Acct Mgr:	: NATHAN ROZEK Territory Code: 117328 : Territory Code: 117328 If Applicable Branch forms are to be submitted with your sales order to your for Corporate, National, and Government accounts, email co	

DocuSign Envelope ID: AE2D4441-B270-4E8C-84AA-5F803EB416C7



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 <u>3091- NASPO COOPERTIVE PURCHASING</u> 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.

Author	ized Customer Representative	KMBS Representative		
Name:	Matt Vodak (Please Pring) _{cusigned by:}	Name:NATHAN N. ROZEK		
	(Please Print) Cusigned by:	Name: <u>NATHAN N. ROZEK</u> (Please Print) _{DocuSigned by:}		
Signatu	re:	Signature:		
Title:	Systems Support	Date:		
Date: _	12/10/2019	KMBS Manager		
		Name:Kevin Crawford		
		(Please Print) DocuSigned by:		
		(Please Print) DocuSigned by:		
		Date:		