

Supplementary Schedule for Master Lease

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

|   |                    |                         |  |
|---|--------------------|-------------------------|--|
| LEGAL COMPANY NAME<br><b>FORT BEND COUNTY</b>   |                    |                         | DEPARTMENT NAME                            |
| STREET ADDRESS / P.O. BOX<br><b>301 Jackson</b> |                    |                         | BLDG / ROOM / SUITE                        |
| CITY<br><b>Richmond</b>                         | STATE<br><b>TX</b> | ZIP<br><b>77469</b>     | BILLING CONTACT NAME<br><b>Angel Rader</b> |
| BILL-TO PHONE NUMBER*<br><b>281-341-4896</b>    | FAX NUMBER         | FEDERAL TAX I.D. NUMBER |  |

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

|  |                    |                          |                                    |
|--|--------------------|--------------------------|------------------------------------|
| LESSEE LEGAL NAME<br><b>FORT BEND COUNTY</b>         |                    |                          | DEPARTMENT NAME                    |
| STREET ADDRESS / P.O. BOX<br><b>1410 WILLIAM WAY</b> |                    |                          | BLDG / FLOOR / ROOM / SUITE        |
| CITY<br><b>Houston</b>                               | STATE<br><b>TX</b> | ZIP<br><b>77469-3617</b> | CONTACT NAME<br><b>Angel Radar</b> |
| PHONE NUMBER<br><b>281-341-4896</b>                  | FAX NUMBER         |                          |                                    |

**MAKE/MODEL NO./ACCESSORIES** **SERIAL NO.**

|                                |                                  |
|--------------------------------|----------------------------------|
| (4x) C360i                     | /PC- 417 Paper Feed Cassette     |
| BIZHUB SECURE PLATINUM         | /(1X) C300i                      |
| DK-516 ENHANCED COPY DESK      | /bizhub Secure Patium            |
| FK-514 FAX KIT (1st/2nd LINES) | /DK-516 Copy Desk                |
| POWER FILTER 12                | /FK-514 Fax Kit (1st /2nd Lines) |
| AU-204H MagStripe card reader  | /Power Filter 120V/15A           |
| MK-735 IC CARD MOUNT KIT       | /Au-204H MagStrip Card Reader    |
| UPGRADE KIT UK-221             | /MK-735 IC Card Mount Kit        |
| (1x)C550i                      | /Upgrade Kit Uk-221              |
| bizhub SECURE Platinum         |                                  |
| DK-516 COPY DESK               |                                  |
| FK-514 FAX KIT (1st/2nd LINES) |                                  |
| POWER FILTER 120V/15A          |                                  |

See attached schedule for additional Equipment / Accessories

**TERM AND PAYMENT SCHEDULE**

|  |   |
|--|---|
| <p><u>60</u> Monthly Payments of \$ <u>1,125.40</u></p> <p><i>(mos.)</i> <span style="margin-left: 100px;"><i>(plus applicable taxes)</i></span></p> | <p><input checked="" type="checkbox"/> FMV    <input type="checkbox"/> \$1.00 Out</p> |
|--|---|

**THIS SUPPLEMENTARY SCHEDULE INCORPORATES ALL OF THE TERMS & CONDITIONS OF THE MASTER LEASE AGREEMENT FOR THE LEASE OF EQUIPMENT IDENTIFIED ABOVE.**

**LESSOR ACCEPTANCE**

|  |        |            |
|--|--------|------------|
| <b>Konica Minolta Business Solutions USA, Inc.</b> |        |            |
| DATED  | LESSOR | SIGNATURE  |
|  |        | PRINT NAME |

**CUSTOMER ACCEPTANCE**

|       |                 |                   |
|-------|-----------------|-------------------|
|       | <b>X</b>        |                   |
| DATED | FULL LEGAL NAME | SIGNATURE / TITLE |
|       |                 | PRINT NAME        |

# Maintenance Agreement

## Customer Information

|                 |                  |                       |                  |                 |                  |
|-----------------|------------------|-----------------------|------------------|-----------------|------------------|
| Sold to Acct #: | 0000871666       | Payer/Bill to Acct #: |                  | Ship to Acct #: |                  |
| Name:           | FORT BEND COUNTY | Name:                 | FORT BEND COUNTY | Name:           | FORT BEND COUNTY |
| Attn/Dept:      | COUNTY AUDITOR   | Attn/Dept:            | COUNTY AUDITOR   | Attn/Dept:      |                  |
| Ste/Rm:         |                  | Ste/Rm:               |                  | Ste/Rm:         |                  |
| Address:        | 301 JACKSON      | Address:              |                  | Address:        | 1410 WILLIAS WAY |
| City:           | RICHMOND         | City:                 |                  | City:           | RICHMOND         |
| State:          | TEXAS            | State:                |                  | State:          | TEXAS            |
| Zip:            | 77469-3617       | Zip:                  |                  | Zip:            | 77469-3617       |

Tax Exempt Customer?  Yes  No Tax Exemption Number: 17460019692 Tax Exemption Certificate must be attached when applicable.

PO Required?  Yes  No PO Number: 148081 PO Expiration Date: 3/31./2027 PO must be attached when applicable.

Individual PO  Blanket PO PO Contact: ANGEL RADER Email: ANGELRADER@FORTBENDCOUNTYTX.GOV Ph: 281-341-4696

Fleet Manager?  Yes  No Name: Email: ANGELRADER@FORTBENDCOUNTYTX.GOV Ph:

## Coverage / Billing Options

### Coverage Options:

#### MFP

Select Options:

- Supply Inclusive
- After Hours Service - Requires After Hours Agreement
- 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:

- Toner (Black Only)
- 20lb Bond Roll Paper
- Decline Digital Connected Support\*

### Billing Options:

#### MFP

Initial Term in Months:  36  48  60  Other \_\_\_\_\_

Flat Rate Frequency:  Monthly  Quarterly  Annually

Meter Frequency:  Monthly  Quarterly  Annually

Aggregate Volume:  B/W  Color

#### Wide Format

36  48  60  Other \_\_\_\_\_

Monthly

Monthly

#### All Devices

Effective Date:  On Install  Date: \_\_\_\_\_

Billing Day:  Selected by KMBS  Preferred Day: \_\_\_\_\_ (29th, 30th, and 31st are not an available selection)

## Maintenance Pricing

Internal Use

MA #:

| MFP  |                   |               |       |                        |                      |                       |             | Internal Use |            |
|------|-------------------|---------------|-------|------------------------|----------------------|-----------------------|-------------|--------------|------------|
| Item | Model Description | Serial Number | Type  | Monthly Minimum Volume | Monthly Flat Rate \$ | Cost Per Copy Rate \$ | Start Meter | Sub Fleet    | Price Plan |
| 1    | BIZHUB C550i      |               | Color |                        |                      | 0.04500               |             |              |            |
|      |                   |               | B/W   |                        |                      | 0.00700               | 0           |              |            |
| 2    | BIZHUB C360i      |               | Color |                        |                      | 0.05000               |             |              |            |
|      |                   |               | B/W   |                        |                      | 0.00750               |             |              |            |
| 3    | BIZHUB 300i       |               | Color |                        |                      | 0.05000               |             |              |            |
|      |                   |               | B/W   |                        |                      | 0.00780               |             |              |            |

Additional Equipment on Schedule B

### Wide Format

| Item | Model Description | Serial Number | Type  | Monthly Minimum Volume (Sq. Feet) | Monthly Flat Rate \$ | Cost Per Square Foot Rate \$ | Start Meter | Sub Fleet | Price Plan |
|------|-------------------|---------------|-------|-----------------------------------|----------------------|------------------------------|-------------|-----------|------------|
| 1    |                   |               | Color |                                   |                      |                              |             |           |            |
|      |                   |               | B/W   |                                   |                      |                              |             |           |            |

Additional Equipment on Schedule C

## Comments

Customer's signature below acknowledges Customer's consent to 'KMBS Standard Maintenance Terms and Conditions - Schedule A (Updated December 1, 2018)', available in hardcopy upon request or online at <http://kmbs.konicaminolta.us/MaintenanceTerms-N04D>, terms of which are incorporated into this Agreement. Not Binding on KMBS until signed by KMBS Manager.

Customer Name: \_\_\_\_\_ Please Print KMBS Representative: \_\_\_\_\_

Customer Title: \_\_\_\_\_ KMBS Manager Name: \_\_\_\_\_ Please Print

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_ KMBS Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Internal Use

Maintenance:  with Equipment Order  Maintenance Only  Billed by KMBS  Billed by Lease Company  Dealer Serviced

Sales Rep Number: \_\_\_\_\_ Sales Rep Name: \_\_\_\_\_ Sales Rep Email Address: \_\_\_\_\_ Sales District: \_\_\_\_\_

Originating: \_\_\_\_\_

Order Taking: \_\_\_\_\_

Servicing: \_\_\_\_\_

KONICA MINOLTA BUSINESS SOLUTIONS U.S.A., INC.  
100 Williams Drive, Ramsey, NJ 07446 (201) 825-4000 [www.kmbs.konicaminolta.us](http://www.kmbs.konicaminolta.us)

Branch  Windsor

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