

Supplementary Schedule for Master Lease

25A

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

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

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

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

<u>60</u> (mos.)	Monthly Payments of \$	<u>1,125.40</u> (plus applicable taxes)	<input checked="" type="checkbox"/> FMV	<input type="checkbox"/> \$1.00 Out
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THIS SUPPLEMENTARY SCHEDULE INCORPORATES ALL OF THE TERMS & CONDITIONS OF THE MASTER LEASE AGREEMENT FOR THE LEASE OF EQUIPMENT IDENTIFIED ABOVE.

LESSOR ACCEPTANCE

Konica Minolta Business Solutions USA, Inc.			<input type="text"/>
DATED	LESSOR	SIGNATURE	PRINT NAME

CUSTOMER ACCEPTANCE

10.11.2022 DATED	Fort Bend County FULL LEGAL NAME	 SIGNATURE / TITLE County Judge KP George	KP George PRINT NAME
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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

Wide Format

Select Options:

- Supply Inclusive
- After Hours Service - Requires After Hours Agreement
- Decline Digital Connected Support*

Select Options:

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

* Digital Connect Support will be added automatically billed at \$12.00 per serial number monthly, unless declined above.

Billing Options:

MFP

Wide Format

Initial Term in Months: 36 48 60 Other _____

Flat Rate Frequency: Monthly Quarterly Annually

Meter Frequency: Monthly Quarterly Annually

Aggregate Volume: B/W Color

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								Internal Use	
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: Fort Bend County Please Print KMBS Representative: _____

Customer Title: County Judge KMBS Manager Name: _____ Please Print

Customer Signature: Date: 10.11.22 KMBS Manager Signature: _____ Date: _____

County Judge KP George

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

Processed Branch Windsor Form: 1011-120118-C

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
 CERTIFICATION OF FILING**

Certificate Number:
 2022-933478

Date Filed:
 09/14/2022

Date Acknowledged:
 10/11/2022

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Fort Bend County
 Richmond, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Fort Bend County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

11013
 KONICA MINOLTA BUSINESS 22-SO-101032 & 22-SO-101033

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)