



KONICA MINOLTA

Standard CPC Maintenance Contract for The University of Texas System - Institutional Participant

Sold To: (legal name)			Ship To:		
Name: <u>University of North Texas</u> Account Number: <u>1437198</u>			Name: <u>University of North Texas</u> Account Number: _____		
Address Line 1: _____			Address Line 1: <u>Military Science</u>		
Address Line 2: _____			Address Line 2: _____		
Street Address: <u>1112 DALLAS DRIVE</u>			Street Address: <u>712 North Texas Blvd</u>		
City: <u>Denton</u>		State: <u>TX</u>	City: <u>Denton</u>		State: <u>TX</u>
Zip: <u>76205</u>			Zip: <u>76203</u>		
Tax Exemption <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Certificate required)			Tax Exemption Number: <u>75-6002149</u>		
PO Required <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Copy required)			PO Number: _____ PO Expiration Date: _____		

Standard CPC Maintenance Plan

Cost Per Copy
 With Supplies

Effective Date: installation

Billing for CPC contract: Monthly Quarterly Annually

Contract Term (Months): 12 24 36 48 60

Product Covered Under Contract:

Item	Model Description	Serial Number	Type	Start Meter Read	CPC
1	bizhub C258		C	0.034	
			B/W	0.0047	
2			C		
			B/W		
3			C		
			B/W		
4			C		
			B/W		
5			C		
			B/W		
6			C		
			B/W		

Comments

Customer's signature below acknowledges receipt and consent to the terms and conditions provided on Rider 101 "Terms of Service for Maintenance" of the Preferred Supplier Agreement between The University of Texas System and Konica Minolta Business Solutions U.S.A., Inc.

Customer Name: University of North Texas KMBS Representative: _____ Date: 11/8/18

Signature: _____ Date: _____ KMBS Manager: _____ Date: 11/8/18

Title: _____ Date: _____

FOR INTERNAL USE

New Customer Maintenance w/ Equipment Order Maintenance Only Maintenance Billed by KMBS Maintenance Billed by Lease Company Dealer Serviced

PE #: _____ Agreement #: 4003414 Customer Code 1: Military Science

Promotion #: _____ Price Plan #: _____ Customer Code 2: Sheila Van Bree

Subfleet #: _____ Customer Code 3: _____

Key Operator Contact: _____ Phone: 940-369-8011 Email Addr: _____

Meter Read Contact: same Phone: _____ Email Addr: _____

Accounts Payable Contact: _____ Phone: _____ Email Addr: _____

Special Instructions: _____

Additional Documents Attached:
 Price Exception Tax Exempt Certificate
 Purchase Order Credit Application

	Sales Rep Number	Sales Rep Name (Please Print)	Sales Rep Email Address
Originating:	<u>111637</u>		
Order Taking:	<u>119135</u>		
Servicing:	<u>8992059</u>		

Contract Processed: Windsor, CT Branch _____ (Branch Name) Sales District: 38901