



SCHEDULE TO MASTER AGREEMENT (Imaging Equipment)

MASTER AGREEMENT NO.

APPLICATION NO.

AGREEMENT/SCHEDULE NO.

CUSTOMER ("YOU" or "YOUR")

FULL LEGAL NAME: City Of Grand Junction
ADDRESS: 250 North 5th Street, Grand Junction, CO 81501

MASTER AGREEMENT

REFERS TO THE AGREEMENT BETWEEN CUSTOMER AND OWNER IDENTIFIED IN OWNER'S RECORDS BY THE MASTER AGREEMENT NO. ABOVE.

DESCRIPTION OF EQUIPMENT, IMAGE ALLOWANCE AND EXCESS CHARGES

Table with columns: QTY, TYPE, MAKE, MODEL NUMBER, AND INCLUDED ACCESSORIES, NOT FINANCED UNDER THIS AGREEMENT, BEGINNING METER READING (B&W, COLOR), MONTHLY IMAGE ALLOWANCE (B&W, COLOR), EXCESS PER IMAGE CHARGE (PLUS TAX) (B&W, COLOR). Rows include Ricoh MPC4504EX-RS-Ricoh MP C4504ex, Ricoh Bridge Unit BU3070, Ricoh Finisher SR3210.

EQUIPMENT LOCATION:

METER FREQUENCY: Monthly

[X] SEE ATTACHED EQUIPMENT OR GROUP BILLING SCHEDULE

* THE CONSOLIDATED IMAGE ALLOWANCE AND EXCESS PER IMAGE AMOUNTS SHOWN ABOVE (OR ON THE ATTACHED EQUIPMENT OR GROUP BILLING SCHEDULE), IF ANY, APPLIES TO (CHECK ONE): [] EQUIPMENT INSTALLED UNDER THIS SCHEDULE ONLY, OR [] EQUIPMENT INSTALLED UNDER THIS SCHEDULE, TOGETHER WITH EQUIPMENT LISTED ON ANY OTHER APPLICABLE SCHEDULES TO MASTER AGREEMENT (FOR IMAGING EQUIPMENT) (I.E., AN AGGREGATE CONSOLIDATION).

TERM (CHECK ONE TERM OPTION)

[] TERM: THE END OF THE TERM OF THIS SCHEDULE IS THE END OF THE TERM OF THE SCHEDULE TO MASTER AGREEMENT IDENTIFIED AS SCHEDULE NO. _____

[X] TERM IN MONTHS: 36 (APPLIES TO THIS SCHEDULE ONLY)

PAYMENT (CHECK ONE TERM OPTION)

[X] MONTHLY BASE PAYMENT AMOUNT: \$955.00 (PPTX inclusive) (INCLUDES AMOUNTS DUE UNDER THIS SCHEDULE ONLY)

[] TOTAL CONSOLIDATED MONTHLY BASE PAYMENT AMOUNT: \$ _____ (PLUS TAX) (INCLUDES AMOUNTS DUE UNDER THIS SCHEDULE AND ANY OTHER APPLICABLE SCHEDULES TO THE MASTER AGREEMENT (FOR IMAGING EQUIPMENT) DURING THE TERM THEREOF)

ADDITIONAL TERMS AND CONDITIONS

IMAGE ALLOWANCE CHARGES AND OVERAGES. You are entitled to make the total number of images shown under Image Allowance Per Machine (or Total Consolidated Image Allowance, if applicable) each period during the term of this Agreement.

APPLICABLE TO GOVERNMENTAL ENTITIES ONLY

You hereby represent and warrant to us that as of the date of the Agreement: (a) the individual who executed the Agreement had full power and authority to execute the Agreement on your behalf; (b) all required procedures necessary to make the Agreement a legal and binding obligation against you have been followed;

AGREEMENT

This Schedule to Master Agreement ("Schedule"), together with the preprinted terms of the Master Agreement (as amended), constitutes an agreement between Customer and Owner with respect to the equipment referenced herein (or on the attached Equipment or Group Billing Schedule) (excluding equipment marked as not financed under this Schedule), separate and distinct from any other Schedule to Master Agreement entered into between Customer and Owner pursuant to the Master Agreement.

CUSTOMER'S AUTHORIZED SIGNATURE

ONCE YOU SIGN THIS SCHEDULE AND OWNER ACCEPTS IT, THIS SCHEDULE WILL BE NON-CANCELABLE FOR THE FULL TERM.

City Of Grand Junction

CUSTOMER

[X] Susan G. Hyatt (Signature)

SIGNATURE

Susan Hyatt (Print Name & Title)

PRINT NAME & TITLE

3/29/2018 (Date)

DATE

OWNER ("WE", "US", "OUR")

Capital Business Systems Inc.

OWNER

7052 Commerce Cir Ste 120, Cheyenne, WY 82007-1858

SIGNATURE

PRINT NAME & TITLE

DATE

CERTIFICATE OF DELIVERY AND ACCEPTANCE

The Customer hereby certifies that all the Equipment: 1) has been received, installed, and inspected, and 2) is fully operational and unconditionally accepted.

SIGNATURE: X

Susan G. Hyatt (Signature)

NAME AND TITLE:

Susan Hyatt Sr Buyer

DATE:

5/2/2018



AFTERMARKET SUPPORT AGREEMENT

Customer Bill To:
 Customer Name: City Of Grand Junction
 Address: 250 North 5th Street Grand Junction, CO 81501
 Telephone: 970 244-1513
 Attention: Susan Hyatt
 Email:

Customer Ship To:
 Customer Name: City Of Grand Junction
 Address: Grand Junction, CO 81501
 Telephone:
 Attention:
 Email:

DEVICES	Make, Model, Included Accessories	Serial #	ID#	Base Payment <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	Beginning Meter Reading		Image Allowance		Excess Per Image Charge (Plus Tax)	
					B & W	Color	B &W	Color	B &W	Color
					1	Ricoh MPC4504EX-RS			\$0.00	
2	Ricoh MPC4504EX-RS									
3	Ricoh MPC4504EX-RS									
4	Ricoh MPC4504EX-RS									
5										
6	Ricoh MP301SPF-RS						0	0	\$0.012	

End User Details		Location / Address (if different to supply shipments)
Name	Email	
1		
2		
3		
4		
5		

Supplies Included Items Excluded: _____ See attached equipment or group billing schedule. Meter Frequency: _____

* The consolidated image allowance and excess per image amounts shown above (or on the attached equipment or group billing schedule), if any applies to (check one):
 Equipment installed under this schedule only, or Equipment installed under this schedule together with equipment listed on any other applicable schedule (I.E. an aggregate consolidation), if no image allowance or excess per image amounts are shown above (or on the attached equipment or group billing schedule), images made on the equipment under this schedule will be included in determining your image and overages charges the applicable prior schedule to master agreement.

TERM (check one term option)
 Term: The end of the term of this schedule is the end of the term of the schedule to agreement identified as schedule NO. _____
 Term: In Months: 36 (Applies to this schedule only) Start Date: _____

PAYMENT (check one term option)
 Monthly Base Payment Amount: \$ _____ (Plus Tax) Quarterly Base Payment Amount: \$ _____ (Plus Tax) Annual Base Payment Amount: \$ _____ (Plus Tax)
 (Includes amounts due under this schedule only)

ADDITIONAL TERMS AND CONDITIONS
 IMAGE ALLOWANCE CHARGES AND OVERAGES. You are entitled to make the total number of images shown under Image Allowance Per Machine (or Total Consolidated Image Allowance, if applicable) each period during the term of this Agreement. If you make more than the allowed images any period, you will pay us an additional amount equal to the number of the excess images made during such period multiplied by the applicable Excess Per Image Charge. Regardless of the number of images made in any period, you will never pay less than the Base Payment Amount. You agree to provide us with the actual meter readings on any business day as designated by us; we may estimate the number of images used if such meter reading are not received within five days after being requested. We will adjust the estimated charge for excess images upon receipt of actual meter readings. You agree that the Base Payment Amount and the Excess Per Image Charges may be proportionately increased at any time if our estimated average page coverage is exceeded. After the end of the first year of this Schedule and not more than once each successive (twelve-month period thereafter, the Base Payment Amount and the Excess Per Image Charges (and at our election, the Base Payment Amount and Excess Per Image Charges under any other schedules for imaging equipment between you and us that incorporate the terms of the Master Agreement) may be increased by a maximum of 15% of the then existing payment or charge. At Expiration of original or any renewal terms, this agreement shall be automatically renewed for a minimum of one year. No refunds will be made if contract is cancelled prior to original or renewal terms.

Customer
 Signature: City Of Grand Junction x Susan J Hyatt Susan Hyatt 3/29/2018
 CUSTOMER SIGNATURE NAME & TITLE DATE

Capital Business Systems Signature: Geof Lambert x Geof
 REPRESENTATIVE SIGNATURE



Product Installation Removal & Acceptance

Bill To	Company Name City Of Grand Junction		Account Number	
	Billing Address 250 North 5th Street		City Grand Junction	State CO
	Contact Name		Phone Number	Zip Code 81501
		Email Address		

Delivery location	Company Name City of Grand Junction WAREHOUSE			
	Shipping Address 333 WEST AVE Building C		City Grand Junction	State CO
	Contact Name Chris Packard		Phone Number	Zip Code 81501
		Email Address		

Delivery	Sales Representative Geof Lambert		
	Delivery Type	<input type="checkbox"/> Installation	<input type="checkbox"/> Pick Up
	Installation Instructions	<input type="checkbox"/> Connected Integration	<input type="checkbox"/> Training
	Requested Delivery Date	<input type="checkbox"/> Stairs	<input type="checkbox"/> Elevator
Delivery Instructions			

Product Delivered & Installed

Equipment Information	QTY	Main Unit And Accessories	Description	Product Number	ID #	Serial #	Meter B/W	Meter Color
		1	MP301SPF-RS	Ricoh MP301SPF	416185	51056	W918P102409	20

Supplies:

Pick Up	<input type="checkbox"/> CBL Return <input type="checkbox"/> 3rd Party Leasing <input type="checkbox"/> Customer Owned <input type="checkbox"/> Leasing Company (If Known) _____	
	Return to Company:	
	<input type="checkbox"/> Have Instructions <input type="checkbox"/> Pending Instructions	
Customer Agrees: <input checked="" type="checkbox"/>		
The listed equipment does not have liens or bond by any other company and Capital is released from any liability when disposing of sold units		

Product Removed

Equipment Information	QTY	Main Unit And Accessories	Description	Product Number	ID #	Serial #	Meter B/W	Meter Color

Supplies:

Acceptance	The customer hereby certifies that the equipment and supplies listed above have been delivered and received. The installation has been completed and the equipment is in good working order and is satisfactory and acceptable. I hereby authorize Capital Business Systems, Inc. to commence billing in accordance with the terms and conditions of the Agreement.		
	X	<i>Chris Packard</i>	
		Customer Signature	Title
X	<i>Geof Lambert</i>	4/23/2018	Date
	Capital Business Systems, Inc. Representative		



Product Installation Removal & Acceptance

Bill To	Company Name City Of Grand Junction		Account Number		
	Billing Address 250 North 5th Street		City Grand Junction	State CO	Zip Code 81501
	Contact Name		Phone Number	Email Address	

Delivery location	Company Name City Of Grand Junction Police Department				
	Shipping Address 555 Ute Avenue		City Grand Junction	State CO	Zip Code 81501
	Contact Name		Phone Number	Email Address	

Delivery	Sales Representative Geof Lambert		
	Delivery Type	<input type="checkbox"/> Installation	<input type="checkbox"/> Pick Up
	Installation Instructions	<input type="checkbox"/> Connected Integration	<input type="checkbox"/> Training
	Requested Delivery Date	<input type="checkbox"/> Stairs	<input type="checkbox"/> Elevator
	Delivery Instructions		

Product Delivered & Installed

Equipment Information	QTY	Main Unit And Accessories	Description	Product Number	ID #	Serial #	Meter B/W	Meter Color
	1	MPC4504EX-RS	Ricoh MP C4504ex	INV	417998	S1033	C738M240866	36
1	Bridge Unit BU3070	Bridge Unit BU3070		417587		E538Z266880		
1	Finisher SR3210	Finisher SR3210		417483		Q878Q310021		
1	Paper Feed Unit PB3240	Paper Feed Unit PB3240		408112		Y807QC26279		
1	Punch Unit PU3050 NA	Punch Unit PU3050 NA		416609		E688Q21459		
1	OCR Unit Type M13	OCR Unit Type M13		417428		0001803		

Supplies:

Pick Up	<input type="checkbox"/> CBL Return	<input type="checkbox"/> 3rd Party Leasing	<input type="checkbox"/> Customer Owned	<input type="checkbox"/> Leasing Company (If Known)
	Return to Company:			
	<input type="checkbox"/> Have Instructions	<input type="checkbox"/> Pending Instructions		

Customer Agrees: **X**

The listed equipment does not have liens or bond by any other company and Capital is released from any liability when disposing of sold units

Product Removed

Equipment Information	QTY	Main Unit And Accessories	Description	Product Number	ID #	Serial #	Meter B/W	Meter Color
				Canon Finisher Punch Fax Buffer		J1121	JM019658 KMD63237 HZE 26700 NA NA	149163

Supplies: HDD Reformatted 4/19/2018

Acceptance	The customer hereby certifies that the equipment and supplies listed above have been delivered and received. The installation has been completed and the equipment is in good working order and is satisfactory and acceptable. I hereby authorize Capital Business Systems, Inc. to commence billing in accordance with the terms and conditions of the Agreement.			
	X	<i>Neidi Dues</i>	Sr. Admin Assst.	4/19/18
		Customer Signature	Title	Date
	X	<i>Geof Lambert</i>	Capital Business Systems, Inc. Representative	4/19/2018
		Date		



Product Installation Removal & Acceptance

Bill To	Company Name City Of Grand Junction		Account Number	
	Billing Address 250 North 5th Street	City Grand Junction	State CO	Zip Code 81501
	Contact Name	Phone Number	Email Address	

Delivery location	Company Name City Of Grand Junction Parks Department			
	Shipping Address 1340 Gunnison Avenue	City Grand Junction	State CO	Zip Code 81501
	Contact Name	Phone Number	Email Address	

Delivery	Sales Representative Geof Lambert		
	Delivery Type	<input type="checkbox"/> Installation	<input type="checkbox"/> Pick Up
	Installation Instructions	<input type="checkbox"/> Connected Integration	<input type="checkbox"/> Training
	Requested Delivery Date	<input type="checkbox"/> Stairs	<input type="checkbox"/> Elevator
Delivery Instructions			

Product Delivered & Installed

Equipment Information	QTY	Main Unit And Accessories	Description	Product Number	ID #	Serial #	Meter B/W	Meter Color
	1	MPC4504EX-RS	Ricoh MP C4504ex	417998	51034	0738M240998	70	9
	1	Booklet Finisher SR3240 (2000)	Booklet Finisher SR3240 (2000 Sheet External)	417488		66877810135		
	1	Bridge Unit BU3070	Bridge Unit BU3070	417587		E5383266857		
	1	Paper Feed Unit PB3240	Paper Feed Unit PB3240	408112		Y807QC20277		
	1	Punch Unit PU3060 NA	Punch Unit PU3060 NA	416612		E468Q100558		
	1	OCR Unit Type M13	OCR Unit Type M13	417428		0001803		
Supplies: Postscript3 Unit type M33 468055 0001803								

Pick Up	<input type="checkbox"/> CBL Return	<input type="checkbox"/> 3rd Party Leasing	<input type="checkbox"/> Customer Owned	<input type="checkbox"/> Leasing Company (If Known) _____
	Return to Company:			
	<input type="checkbox"/> Have Instructions	<input type="checkbox"/> Pending Instructions		
Customer Agrees: <input checked="" type="checkbox"/>				
The listed equipment does not have liens or bond by any other company and Capital is released from any liability when disposing of sold units				

Product Removed

Equipment Information	QTY	Main Unit And Accessories	Description	Product Number	ID #	Serial #	Meter B/W	Meter Color
			Canon C6250		J1120	JM019660		
			Punch kit			HZE26689		
			Finisher			KVF40618		
			Butter					
			Fax					
Supplies:								

Acceptance	The customer hereby certifies that the equipment and supplies listed above have been delivered and received. The installation has been completed and the equipment is in good working order and is satisfactory and acceptable. I hereby authorize Capital Business Systems, Inc. to commence billing in accordance with the terms and conditions of the Agreement.		
	X	<u>Heidi Votaw</u>	<u>04/19/2018</u>
		Customer Signature	Title
X	<u>[Signature]</u>	<u>4/19/2018</u>	Date
	Capital Business Systems, Inc. Representative	Date	



Product Installation Removal & Acceptance

Bill To	Company Name City Of Grand Junction		Account Number	
	Billing Address 250 North 5th Street	City Grand Junction	State CO	Zip Code 81501
	Contact Name	Phone Number	Email Address	

Delivery location	Company Name City Of Grand Junction Fire EMS			
	Shipping Address 625 Ute Avenue	City Grand Junction	State CO	Zip Code 81501
	Contact Name	Phone Number	Email Address	

Delivery	Sales Representative Geof Lambert		
	Delivery Type	<input type="checkbox"/> Installation	<input type="checkbox"/> Pick Up
	Installation Instructions	<input type="checkbox"/> Connected Integration	<input type="checkbox"/> Training
	Requested Delivery Date	<input type="checkbox"/> Stairs	<input type="checkbox"/> Elevator
	Delivery Instructions		

Product Delivered & Installed

Equipment Information	QTY	Main Unit And Accessories	Description	Product Number	ID #	Serial #	Meter B/W	Meter Color
1	Bridge Unit BU3070	Bridge Unit BU3070	417587		E538Z260879			
1	Finisher SR3210	Finisher SR3210	417483		G878Q214760			
1	Paper Feed Unit PB3240	Paper Feed Unit PB3240	408112		Y808Q218106			
1	Punch Unit PU3050 NA	Punch Unit PU3050 NA	416609		E698Q211462			
1	OCR Unit Type M13	OCR Unit Type M13	417428		Q001803			

Supplies: _____

Pick Up	<input type="checkbox"/> CBL Return	<input type="checkbox"/> 3rd Party Leasing	<input type="checkbox"/> Customer Owned	<input type="checkbox"/> Leasing Company (If Known) _____
	Return to Company:			
	<input type="checkbox"/> Have Instructions	<input type="checkbox"/> Pending Instructions		
Customer Agrees: X _____				
The listed equipment does not have liens or bond by any other company and Capital is released from any liability when disposing of sold units				

Product Removed

Equipment Information	QTY	Main Unit And Accessories	Description	Product Number	ID #	Serial #	Meter B/W	Meter Color

Supplies: Copier left for other dealer to pickup

Acceptance	The customer hereby certifies that the equipment and supplies listed above have been delivered and received. The installation has been completed and the equipment is in good working order and is satisfactory and acceptable. I hereby authorize Capital Business Systems, Inc. to commence billing in accordance with the terms and conditions of the Agreement.		
	X _____	Sr Admin	5/1/18
	Customer Signature	Title	Date
	X _____	5/1/2018	
	Capital Business Systems, Inc. Representative	Date	