



3135 Eliza Road
 Tallahassee, FL 32308
 (850)671-6663
 (850)671-6636

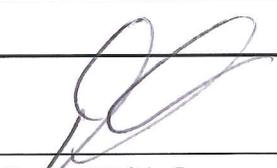
SALES ORDER

ORDER # _____

SHIP TO:	BILL TO:
Customer # _____	Customer # _____
Customer Name <u>SAMP</u>	Customer Name <u>Volunteer Florida</u>
Address _____	Address <u>3800 Esplanade Way</u>
Room/Dept/Floor _____	Room/Dept/Floor <u>Suite 180</u>
City _____ State _____ ZIP _____	City <u>Tallahassee</u> State <u>FL</u> ZIP <u>32311</u>
Phone # <u>SAMP</u>	Phone # <u>(850)414-7400</u> FAX # _____
Contact Name <u>Tracee Lambright</u>	Key Decision Name <u>Bonnie Hazleton</u>

ORDER INFO: PO # _____	Tax Exempt # _____
Leasing Co _____	Equipment Removed _____

QTY	MODEL	SERIAL NUMBER	EQUIPMENT ID#	UNIT PRICE
1	Bizhub 751 Copy Print Scan Finishing with hole punch			\$105.00 per mth 60 mth FMN Lease

SPECIAL INSTRUCTIONS: <div style="display: flex; justify-content: space-between;"> <div style="width:45%;">  Copy Fax 2000 Sales Rep _____ David Walton Print Name </div> <div style="width:45%; text-align:center;"> ACCEPTED BY CUSTOMER  Authorized Signature _____ Bonnie Hazleton Print Name </div> </div>	SUBTOTAL	
	DELIVERY	
	TAX	
	TOTAL	
	LESS DEPOSIT	
	TOTAL DUE	



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MAINTENANCE AGREEMENT

SHIP TO			BILL TO		
Customer #:			Customer #:		
Customer Name: <u>S9MP</u>			Customer Name: <u>Volunteer Florida</u>		
Address:			Address: <u>3800 Esplanade Way</u>		
Room/Dept./Floor:			Room/Dept./Floor: <u>Suite 180</u>		
City:	State:	Zip:	City: <u>Tallahassee</u>	State: <u>FL</u>	Zip: <u>32311</u>
Phone #: <u>S9MP</u>			Phone #: <u>(850) 414-7400</u>		
Contact name: <u>Tracie Lambright</u>			Contact name: <u>Bonnie Hazelton</u>		
Email:			Email:		
MODEL	SERIAL NUMBER	EQUIPMENT ID#	METER READING	SUPPLIES INCL. (Y/N)	
<u>BH 751</u>				<u>Y</u>	
Special Instructions: <u>Includes all supplies, Excludes paper</u>					
Color Base Allowance: <u>0</u> to <u>NA</u> \$ <u>0</u> Base Charge				Billing Cycle M <input checked="" type="checkbox"/> Q <input type="checkbox"/>	
Color Overage/Per Copy: \$ <u>0 NA</u>					
B/W Base Allowance: <u>0</u> to <u>0</u> \$ <u>0</u> Base Charge				S <input type="checkbox"/> A <input type="checkbox"/>	
B/W Overage/Per Copy: \$ <u>.0067</u> Combo: _____ # of Machines IND GRP					
Start Date _____ / _____ / _____				Other _____	
This agreement will start at the time of installation unless otherwise stated above.					
Customer Acceptance: This agreement, consisting of terms and conditions set forth by CopyFax 2000 is hereby approved, accepted and executed by the respective hereto on the dates set forth adjacent to their signatures.					
<u>[Signature]</u> Authorized Signature		<u>Bonnie Hazelton</u> Print Name		<u>COO</u> Title	
				<u>5/12/16</u> Date	

EQUIPMENT MAINTENANCE TERMS AND CONDITIONS

COPYFAX 2000 agrees to perform service with respect to the equipment identified on the reverse side hereof (the "Equipment") in accordance with the following terms and conditions. This Agreement represents the entire agreement between the parties, the CopyFax 2000 sales/service representatives are not authorized to make any modifications to this Agreement.

- 1) This agreement is subject to acceptance by the officer of CopyFax 2000. Notice of acceptance is hereby waived by customer.
- 2) The equipment must be in good condition on the commencement of this agreement. Customers will pay CopyFax 2000 in addition to the amount shown on the reverse side hereof for parts and labor required to place the equipment in such condition unless covered under any applicable warranties.
- 3) CopyFax 2000 will not be responsible for any parts or labor required to repair damage to the equipment caused by electrical surge, unless the equipment is protected by a surge protection device approved by CopyFax 2000 and said device is actually in operation and in good working order at the time of said damage.
- 4) CopyFax 2000 will not be responsible for replacing or paying for replacement of any data, memory, or information which is lost, altered, or damaged while stored in equipment.
- 5) Payment is due within thirty (30) days from date of invoice. Should the customer fail to make any payment due hereunder, or become insolvent or be a party to or acquiesce in a bankruptcy or receivership proceeding or any similar actions affecting the affairs or property of customer CopyFax 2000 may (i) refuse to continue to service equipment, or (ii) furnish service only on a time, travel, and material basis, with payment to be made by the customer in cash at the time the service is rendered. The foregoing is without prejudice to any other remedies CopyFax 2000 may have.
- 6) Customer agrees to pay attorney's fees, court costs, disbursements, and other reasonable expenses incurred by CopyFax 2000 in collecting any charges under this agreement.
- 7) CopyFax 2000 shall provide such maintenance service as is necessary to keep the equipment in good operating condition, including replacement of parts which have been broken or worn out through normal use. Maintenance service shall be provided hereunder only during CopyFax 2000 normal working hours, exclusive of CopyFax 2000 holidays. Normal business hours are 8:00 am through 5:00 pm Monday through Friday, subject to change by CopyFax 2000. CopyFax 2000 may, at the customer's request, render maintenance service outside its normal working hours, subject to availability of personnel, at CopyFax 2000's established rates then in effect. All replaced parts will become the property of CopyFax 2000.
- 8) This agreement shall be effective for the period specified on the front of the form beginning on the commencement date stated on the face hereof.
- 9) This agreement should be automatically renewed upon expiration of the initial term successive annual renewal terms, but in no case will renewal exceed a 10% price increase over the prior term.
- 10) THIS AGREEMENT DOES NOT COVER SERVICE NECESSITATED BY MALFUNCTIONS OF PARTS, ATTACHMENTS AND/OR SOFTWARE PACKAGES NOT SUPPLIED BY OR THROUGH COPYFAX 2000 OR BY USE OF OPERATING SUPPLIES WHICH ARE NOT COMPATIBLE WITH THE EQUIPMENT.
- 11) Copy/Print count (meter readings) have the ability to be automatically sent to CopyFax 2000 on a scheduled basis. In the event you do not wish to have this service you will need to manually send your meter readings to CopyFax 2000. In the event you fail to report timely and accurate meter readings CopyFax 2000 will enter an average meter reading based on historical account data and invoice accordingly. In the event CopyFax 2000 has to manually retrieve this meter reading (via a CopyFax 2000 employee) a manual collection surcharge of \$50.00 per visit will be applied to your service invoice.

WOULD YOU LIKE THE AUTOMATED METER COLLECTION SERVICE? YES or NO (initial)
- 12) **Installation.** Certain equipment must be installed according to specific requirements in terms of space, electrical, and environmental conditions. Installation requirements are defined in the equipment operators manual. Customer shall ensure that the equipment is placed in an area that conforms to these requirements.
- 13) This agreement shall not apply to any equipment that is damaged through accident, abuse, misuse, theft, neglect, acts of third parties, fire, water, casualty, or any similar occurrence or natural force, operated outside the manufacturers specifications or moved by someone other than a CopyFax 2000 employee.
- 14) Specification changes, alterations, or attachments may require a change in the price set forth herein. Such changes shall become effective upon notice to customer by CopyFax 2000. Copyfax2000 also reserves the right to terminate this agreement immediately upon notice to customer if CopyFax 2000 determines that such changes, alterations, or attachments make it impractical for CopyFax 2000 to continue to service the equipment.
- 15) Neither party shall have any right to consequential damages by reason of any breach of this agreement.
- 16) This agreement is not assignable or transferable by customer without prior written consent of CopyFax 2000.
- 17) Either party may terminate this agreement at any time by giving a thirty (30) day prior written notice to the other party. If the agreement is cancelled by Copyfax 2000 the unearned portion of the agreement price paid shall be refunded to the customer. If agreement is cancelled buy the customer, the unused portion may be applied to a service contract on equipment purchased or leased by Copyfax 2000 if the customer has such equipment but will not be refunded to customer.
- 18) Copyfax 2000 customer service representatives do not carry or deliver consumable supplies (toner, imaging units etc.) It is the customer's responsibility to have the necessary supplies available for the customer service representatives' use. CopyFax 2000 shall furnish all supplies included at accepted intervals in quantities as usage history dictates and as determined by CopyFax 2000.
- 19) Network support will be provided at time of install and will carry an additional cost post install. This cost will be looked at on a case by case basis.

 initial



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 Tallahassee, FL 32308
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SALES ORDER

ORDER # _____

SHIP TO:

BILL TO:

Customer # _____
 Customer Name S&M P
 Address _____
 Room/Dept/Floor _____
 City _____ State _____ ZIP _____
 Phone # S&M P
 Contact Name Tracie Lambright

Customer # _____
 Customer Name Volunteer Florida
 Address 3500 Esplanade Way
 Room/Dept/Floor _____
 City Tallahassee State FL ZIP 32311
 Phone # (850) 914-7400 FAX # _____
 Key Decision Name Bonnie Hazelton

ORDER PO # _____
 INFO: Leasing Co _____

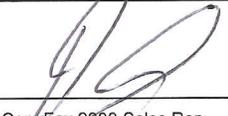
Tax Exempt # _____
 Equipment Removed _____

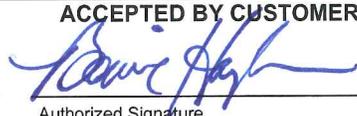
QTY	MODEL	SERIAL NUMBER	EQUIPMENT ID#	UNIT PRICE
1	C754P			\$435.00
	Copy Fax Print Scan			Per Mth
	Finishing			60 Mth
	with hole punch			FMU
	saddle stitch			lease
	+ trifold			

SPECIAL INSTRUCTIONS: lease to begin at conclusion of current lease on S&M P

SUBTOTAL	
DELIVERY	
TAX	
TOTAL	
LESS DEPOSIT	
TOTAL DUE	

ACCEPTED BY CUSTOMER


 CopyFax 2000 Sales Rep
 Print Name David Walton


 Authorized Signature
 Print Name Bonnie Hazelton Date 5/12/16



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Address:			Address: <u>3600 Esplanade Way</u>		
Room/Dept./Floor:			Room/Dept./Floor: <u>Suite 180</u>		
City:		State:	City:		State: <u>FL</u> Zip: <u>32311</u>
Phone #: <u>54mp</u>			Phone #: <u>(950) 414-7400</u>		
Contact name: <u>Tracie Lambright</u>			Contact name: <u>Bonnie Hazleton</u>		
Email:			Email:		
MODEL	SERIAL NUMBER	EQUIPMENT ID#	METER READING	SUPPLIES INCL. (Y/N)	
Special Instructions: <u>Includes all supplies, excludes paper</u>					
Color Base Allowance: <u>0</u> to <u>0</u> \$ <u>0</u> Base Charge				Billing Cycle M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A <input type="checkbox"/> Other _____	
Color Overage/Per Copy: \$ <u>0.045</u>					
B/W Base Allowance: <u>0</u> to <u>0</u> \$ <u>0</u> Base Charge					
B/W Overage/Per Copy: \$ <u>0.067</u> Combo: _____ # of Machines IND GRP					
Start Date _____ / _____ / _____					
This agreement will start at the time of installation unless otherwise stated above.					
Customer Acceptance: This agreement, consisting of terms and conditions set forth by CopyFAX 2000 is hereby approved, accepted and executed by the respective hereto on the dates set forth adjacent to their signatures.					
<u>[Signature]</u>		<u>Bonnie Hazleton</u>		<u>COO</u>	
Authorized Signature		Print Name		Title	
				<u>5/12/16</u>	
				Date	

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WOULD YOU LIKE THE AUTOMATED METER COLLECTION SERVICE? YES  or NO _____ (initial)
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 Initial