

**IT/Finance Dept.**



# Sales Order Agreement

18896

Order ID #

TH0421

OMD Account #

| Customer Bill To   |                    | Customer Ship To   |                         |
|--|--------------------|--|-------------------------|
| Name<br>City Of Grand Island                               |                    | Name<br>City Of Grand Island                               |                         |
| Address<br>100 East First Street<br>Grand Island, NE 68801 |                    | Address<br>100 East First Street<br>Grand Island, NE 68801 |                         |
| Telephone #<br>(308) 385-5444                              | Contact Name       | Telephone #<br>(308) 385-5444                              | Contact Name            |
| Customer P.O Number  | Date<br>11/06/2014 | Terms<br><b>36 mth, \$1.00 BO</b>                          | Requested Delivery Date |

| QTY | Description                     | Item #     | Unit Price | Total Amount |
|-----|---------------------------------|------------|------------|--------------|
| 2   | Canon imageRUNNER ADVANCE 4245  | 8030B003BA |            |              |
| 2   | Canon PCL Printer Kit-AY1       | 8188B001AA |            |              |
| 2   | Canon Super G3 FAX Board-AP1    | 8184B002AA |            |              |
| 2   | Canon Cassette Feeding Unit-AF1 | 3755B001AA |            |              |
| 2   | Canon Inner 2/3 Hole Puncher-A1 | 4810B002AA |            |              |
| 2   | Canon Inner Finisher-D1         | 4808B001AA |            |              |
| 1   | Canon imageRUNNER ADVANCE 4245  | 8030B003BA |            |              |
| 1   | Canon PCL Printer Kit-AY1       | 8188B001AA |            |              |
| 1   | Canon Cassette Feeding Unit-AF1 | 3755B001AA |            |              |

|                            |  |                 |       |             |  |
|----------------------------|--|-----------------|-------|-------------|--|
| Surge Protector Installed? | YES <input type="checkbox"/> NO <input type="checkbox"/> | ID No.          |       |             |  |
| Trade-In Manufacturer      | S/N or ID #  | Model           | Meter | Manuals/CDs |  |
| Trade-In Accessories       | Supplies   | Surge Protector |       |             |  |

SERVICE CONTRACT: YES  NO  INTEGRATION & SUPPORT AGREEMENT: YES  NO  IN-STOCK ITEM: YES  NO

| Special Instructions/Terms                                   | Sub Total                        |
|--|----------------------------------|
| LEASE TERMS: <u>36 months</u> LEASE PAYMENT: <u>\$908.36</u> | Canon Stretch Your Dollars       |
|  | Buyout                           |
|  | Delivery and Installation        |
|  | Network Integration              |
| (Subject to City Council Approval)                           | Final Sales Price (Amt Financed) |
|  | Misc                             |
|  | Sales Tax                        |
|  | Total                            |
|  | Cash Paid                        |
|  | Balance Owed                     |

| TERMS   |   | CUSTOMER ACCEPTANCE       |                         |
|---|---|---------------------------|-------------------------|
| All equipment, accessories and/or supplies indicated above are purchased under Capital Business Systems, Inc. standard terms on reverse |   | Signature<br>X            | Title<br>Mayor          |
| Agreement Approved By:  | Date: / /<br>Capital Business Systems Executive Officer | Print Name<br>Jay Varrick | Date Signed<br>11/12/14 |
|   |   | Sales Representative      | Location                |

THIS AGREEMENT IS SUBJECT TO THE TERMS AND CONDITIONS PRINTED ON THE REVERSE SIDE WHICH BY THIS REFERENCE ARE MADE A PART HEREOF  
**Corporate Offices: 7052 Commerce Circle, Cheyenne, WY 82007**  
 Phone: 800-221-0604 Fax: 307-634-1200  
 Solutions for Better Document Management



APPLICATION NO.

CONTRACT NO.

**DocuManagement**

This document is written in "Plain English". The words you and your refer to the customer.  
The words, Owner, we, us and our refer to Capital Business Systems, Inc.

**1. CUSTOMER.**

|   |             |                                  |                         |
|---|-------------|----------------------------------|-------------------------|
| LEGAL NAME OF BUSINESS<br>City Of Grand Island  |             | ADDRESS<br>100 East First Street |                         |
| CITY<br>Grand Island  | STATE<br>NE | ZIP<br>68801                     | Phone<br>(308) 385-5444 |
| TYPE OF BUSINESS<br><input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship |             | NUMBER OF YEARS IN BUSINESS      | FEDERAL TAX I.D. #      |

**2. SPECIFY EQUIPMENT/LEASE TERM.**

| Make/Model/Accessories          | Serial # | Term | Monthly Payment* | Copies Included | Additional Copies to be billed @* | Starting Meter |
|---------------------------------|----------|------|------------------|-----------------|-----------------------------------|----------------|
| 1. imageRUNNER ADVANCE 4245 (2) | /        | 36   | \$908.36         |                 |                                   |                |
| 2. imageRUNNER ADVANCE 4245     |          |      |                  |                 |                                   |                |
| 3. imageRUNNER ADVANCE 4245     |          |      |                  |                 |                                   |                |
| 4. imageRUNNER ADVANCE 5255     |          |      |                  |                 |                                   |                |
| 5. imageRUNNER ADVANCE 5240A    |          |      |                  |                 |                                   |                |

\*plus applicable taxes

Security Deposit \$ 0 (plus applicable taxes) Check One:  Consolidated with Detail  Consolidated  Itemized Schedule A

You will have the following options at the end of the original term, provided the Lease has not terminated early and no event of default under the Lease has occurred and is continuing:

1. Purchase the Equipment for the \$1.00. (If no purchase option is entered, the Fair Market Value will be your end of lease option)
2. Renew the Lease per paragraph 1.
3. Return Equipment as provided in Paragraph 6.

**3. PROVIDE US WITH SOME BASIC INFORMATION.**

|                   |                   |                                  |       |       |
|-------------------|-------------------|----------------------------------|-------|-------|
| NAME OF PRINCIPAL | SOCIAL SECURITY # | PERCENTAGE OWNERSHIP OF BUSINESS |       |       |
|                   |                   | %                                |       |       |
| HOME ADDRESS      | CITY              | STATE                            | ZIP   | PHONE |
| PRESENT BANK      | ACCOUNT #         | BANK CONTACT                     |       | PHONE |
| TRADE REFERENCE 1 | CITY/STATE        |                                  | PHONE |       |
| TRADE REFERENCE 2 | CITY/STATE        |                                  | PHONE |       |

**4. SIGN THE LEASE ACCEPTANCE.**

**THIS IS A NON-CANCELABLE / IRREVOCABLE LEASE. THIS LEASE CANNOT BE CANCELED OR TERMINATED.**

By signing below, you acknowledge and accept all terms and conditions on the back of this agreement and hereby authorize your banks, trade references, credit bureaus, and financial institutions to release personal and business credit information via fax or over the phone to Capital Business Systems, Inc. for purposes of reviewing this application for business credit.

|                                     |           |       |          |
|-------------------------------------|-----------|-------|----------|
| <input checked="" type="checkbox"/> |           | Mayor | 11/12/14 |
| COMPANY NAME                        | SIGNATURE | TITLE | DATE     |

**5. SIGN THE DELIVERY AND ACCEPTANCE.**

You certify that all the equipment listed above has been furnished, that delivery and installation has been fully completed and satisfactory. Further, all conditions and terms of this Agreement have been reviewed and acknowledged. Upon your signing below, your promises herein will be irrevocable and unconditional in all respects.

|                                     |           |       |          |
|-------------------------------------|-----------|-------|----------|
| <input checked="" type="checkbox"/> |           | Mayor | 11/12/14 |
| DATE OF DELIVERY                    | SIGNATURE | TITLE | DATE     |

**6. SIGN THE GUARANTY.** (Please do not include title)

As additional inducement for us to enter into the Agreement, the undersigned ("you") Unconditionally, jointly and severally, personally guarantees that the customer will make all the payments and meet all obligations required under this Agreement and any supplements fully and promptly. You agree that we may make other arrangements including compromise or settlement with the customer and you waive all defenses and notice of those changes and will remain responsible for the payments and obligations of this agreement. We do not have to notify you if the customer is in default. If the customer defaults, you will immediately pay in accordance with the default provision of the agreement all sums due under the terms of the Agreement and will perform all the obligations of the Agreement. If it is Necessary for us to proceed legally to enforce this guarantee, you expressly consent to the jurisdiction of the court set out in paragraph 15 and agree to pay all costs, including attorneys fees incurred in enforcement of this guaranty. It is not necessary for us to proceed first against the customer before enforcing this guaranty. By signing this guaranty, you authorize us to obtain credit bureau reports for credit and collection purposes. **EACH OF THE UNDERSIGNED WAIVES ANY RIGHT TO A TRIAL BY JURY.**

|                                     |           |      |
|-------------------------------------|-----------|------|
| <input checked="" type="checkbox"/> |           |      |
| PRINT NAME OF GUARANTOR             | SIGNATURE | DATE |

Capital Business Systems, Inc. (for internal use only)

OWNER: Capital Business Systems, Inc. TITLE: DATE:





# Maintenance & Supply Agreement

|   |   |   |   |
|---|---|---|---|
| <b>S<br/>H<br/>I<br/>P<br/><br/>T<br/>O</b> | <b>Customer Name</b><br>City Of Grand Island                      | <b>B<br/>I<br/>L<br/>L<br/><br/>T<br/>O</b> | <b>Customer Name</b><br>City Of Grand Island                      |
|   | <b>Address</b><br>100 East First Street<br>Grand Island, NE 68801 |   | <b>Address</b><br>100 East First Street<br>Grand Island, NE 68801 |
|   | <b>Telephone #</b><br>(308) 385-5444                              |   | <b>Telephone #</b><br>(308) 385-5444                              |
|   | <b>Attention</b>  |   | <b>Attention</b>  |
|   | <b>Email</b>  |   | <b>Email</b>  |
|   | <b>Fax #</b><br>(130) 838-5548                                    |   | <b>Fax #</b><br>(130) 838-5548                                    |

POOL BILLING: Yes  No

| Make/Model               | ID # | Serial # | Annual Base Rate |
|--------------------------|------|----------|------------------|
| imageRUNNER ADVANCE 4245 |      |          |                  |
| imageRUNNER ADVANCE 4245 |      |          |                  |
| imageRUNNER ADVANCE 4245 |      |          |                  |

Contract Term: 36 months.

Start: \_\_\_\_\_  
Month/Day/Year

End: \_\_\_\_\_  
Month/Day/Year

|                          |
|--------------------------|
| Beginning Meter Reading: |
| Color: _____             |
| Black: _____             |
| Other Meter: _____       |

### Terms of Agreement:

- Maintenance Agreement covers all parts, labor, and supplies. Supplies will be shipped at the request of the customer. Paper, staples, and masters for duplicators are excluded and must be purchased separately by the customer.
- Annual Base Rate: \_\_\_\_\_ (Billed \_\_\_\_\_ at \$ \_\_\_\_\_)
- Color copies/prints included: \_\_\_\_\_ per \_\_\_\_\_  month  quarter  year.  
Additional color copies billed at \_\_\_\_\_ billed  month  quarter  year.
- Black copies/prints included: 0 per \_\_\_\_\_  month  quarter  year.  
All black copies/prints billed at \$0.011 billed  month  quarter  year.
- Approximate toner yields \_\_\_\_\_ color copies per  carton  cartridge  bottle  
Based on 6% coverage 34,200 black copies per  carton  cartridge  bottle
- For duplicators, all masters will be billed at \_\_\_\_\_ ¢ per master. Billing will be completed on a quarterly basis.

*Capital Business Systems, Inc. reserves the right to increase the cost of contract annually during the contract period.*

This is a non-cancelable contract - customer acknowledges to have read the terms above and on the reverse side, and agrees to all of these terms & conditions.

### Special Provisions:

|   |   |  |
|---|---|--|
| <p><b>X</b> _____<br/>Customer Acceptance</p> <p>_____<br/>Capital Business Systems</p> | <p>_____<br/>Mayor<br/>Title</p> <p>_____<br/>Title</p> | <p>_____<br/>11/12/14<br/>Date</p> <p>_____<br/>Date</p> |
|---|---|--|



## Maintenance & Supply Agreement

|  |   |  |   |
|--|---|--|---|
| <b>S<br/>H<br/>I<br/>P<br/>T<br/>O</b> | <b>Customer Name</b><br>City Of Grand Island                      | <b>B<br/>I<br/>L<br/>L<br/>T<br/>O</b> | <b>Customer Name</b><br>City Of Grand Island                      |
|  | <b>Address</b><br>100 East First Street<br>Grand Island, NE 68801 |  | <b>Address</b><br>100 East First Street<br>Grand Island, NE 68801 |
|  | <b>Telephone #</b><br>(308) 385-5444                              |  | <b>Telephone #</b><br>(308) 385-5444                              |
|  | <b>Attention</b>  |  | <b>Attention</b>  |
|  | <b>Email</b>  |  | <b>Email</b>  |
|  | <b>Fax #</b><br>(308) 38-5548                                     |  | <b>Fax #</b><br>(308) 38-5548                                     |

POOL BILLING: Yes  No

| Make/Model                | ID # | Serial # | Annual Base Rate |
|---------------------------|------|----------|------------------|
| imageRUNNER ADVANCE C5255 |      |          |                  |
|                           |      |          |                  |
|                           |      |          |                  |

Contract Term: 36 months. Start: \_\_\_\_\_ End: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Beginning Meter Reading:

Color: \_\_\_\_\_  
Black: \_\_\_\_\_

Other Meter: \_\_\_\_\_

### Terms of Agreement:

1. Maintenance Agreement covers all parts, labor, and supplies. Supplies will be shipped at the request of the customer. Paper, staples, and masters for duplicators are excluded and must be purchased separately by the customer.

2. Annual Base Rate: \_\_\_\_\_ (Billed \_\_\_\_\_ at \$ \_\_\_\_\_)

3. Color copies/prints included: 0 per  month  quarter  year.

All color copies/prints billed at .069 billed  month  quarter  year.

4. Black copies/prints included: 0 per  month  quarter  year.

All black copies/prints billed at .012 billed  month  quarter  year.

5. Approximate toner yields 38,000 color copies per  carton  cartridge  bottle

Based on 6% coverage 44,000 black copies per  carton  cartridge  bottle

6. For duplicators, all masters will be billed at \_\_\_\_\_ ¢ per master. Billing will be completed on a quarterly basis.

This is a non-cancelable contract - customer acknowledges to have read the terms above and on the reverse side, and agrees to all of these terms & conditions.

### Special Provisions:

X   
Customer Acceptance

Mayor  
Title

11/12/14  
Date

Capital Business Systems

Title

Date

Revised: 7/30/2007









**Product Installation  
Removal & Acceptance**

| Customer Location  |               |
|--|---------------|
| Customer Name<br>City Of Grand Island                      |               |
| Address<br>100 East First Street<br>Grand Island, NE 68801 |               |
| Telephone Number<br>(308) 385-5444                         | Contact Name  |
| Date of Transaction  | Contact Email |

**PRODUCT DELIVERED & INSTALLED**

Sale Type: Lease

Stairs: No /

| Item #     | Description                              | Serial # |
|------------|--|----------|
| 5558B003AA | imageRUNNER ADVANCE C5255                |          |
| 3655B004AA | Paper Deck Unit-B2                       |          |
| 3660B006AA | External 2/3 Hole Puncher-B2             |          |
| 3654B007AA | Cassette Feeding Unit-AD2                |          |
| 5587B002AA | Staple Finisher-J1 (include Buffer Pass) |          |
| 5592B005AA | PCL Printer Kit-AR1                      |          |
|            |  |          |
|            |  |          |

|              |
|--------------|
| ID #         |
| Meter:       |
| Black:       |
| Color:       |
| Extra Toners |

**Product Removed**

Trade-In  
 SON Owned

Company Owned  
 Surplus

Mfg/Lessor Owned  
 Redeploy

| Item # | Description | Serial # |
|--------|-------------|----------|
|        |             |          |
|        |             |          |
|        |             |          |

|        |
|--------|
| ID #   |
| Meter: |
| Black: |
| Color: |

Supplies: \_\_\_\_\_ Stairs: \_\_\_\_\_

**DELIVERY & ACCEPTANCE AND/OR REMOVAL AUTHORIZED**

*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 Sales Agreement.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

For \_\_\_\_\_ (Legal Name of Firm)

Witness \_\_\_\_\_ (Capital Business Systems, Inc Representative)



*Performance Promise*

**As the premier supplier of office equipment in the Midwest & Rocky Mountain Regions, Capital Business Systems, Inc. is proud to offer our customers the following guarantees:**

**Performance Promise**

Your new system will perform to your satisfaction or you are entitled to a replacement with the same or comparable features at no charge.

**Reliability Promise**

Your new system will maintain a 98% level of uptime or your money back for the time it is down. Plus, a free loaner if your copier or fax is out of service for more than (8) working hours in Zone 1 areas.

**Service Support Promise**

As a priority contract customer, you will receive prompt professional service. Response to your emergency service calls will average (4) hours in Zone 1 areas. Your copying or fax system will be serviced by trained technicians who will make adjustments and repairs quickly.

**Supplies & Parts Promise**

Your new system comes with a guarantee on availability of services, parts, and supplies from date of installation. Capital Business Systems, Inc. will maintain a local inventory of supplies and parts to help insure prompt repair of your system.

**Upgrade Promise**

If additional features are required or your office copying or fax requirements change rapidly, you are entitled to upgrade to new equipment based on the following "Upgrade Allowance" applied to your original purchase price.

| Months Owned      | 1-3  | 4-12 | 13-24 | 25-36 | 37-48 | 49-60 |
|-------------------|------|------|-------|-------|-------|-------|
| Upgrade Allowance | 100% | 60%  | 40%   | 30%   | 20%   | 10%   |

Model iR-Advance 4245 Serial # \_\_\_\_\_ Install Date \_\_\_\_\_

Customer City of Grand Island

Address 100 E. 1st

City Grand Island State NE Zip 68801 Service Zone 1

**X** \_\_\_\_\_ **X** \_\_\_\_\_ \_\_\_\_\_  
 Capital Business Systems, Inc. Representative Customer Acceptance Date

***This Performance Promise includes, and is subject to, the terms and conditions on the reverse side hereof.***



*Performance Promise*

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|-------------------|------|------|-------|-------|-------|-------|
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Model iR-Advance 4245 Serial # \_\_\_\_\_ Install Date \_\_\_\_\_

Customer City of Grand Island

Address 100 E. 1st

City Grand Island State NE Zip 68801 Service Zone 1

**X** \_\_\_\_\_ **X** \_\_\_\_\_ Date \_\_\_\_\_  
 Capital Business Systems, Inc. Representative Customer Acceptance

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| Months Owned      | 1-3  | 4-12 | 13-24 | 25-36 | 37-48 | 49-60 |
|-------------------|------|------|-------|-------|-------|-------|
| Upgrade Allowance | 100% | 60%  | 40%   | 30%   | 20%   | 10%   |

Model iR-Advance 4245 Serial # \_\_\_\_\_ Install Date \_\_\_\_\_

Customer City of Grand Island

Address 100 E. 1st

City Grand Island State NE Zip 68801 Service Zone 1

**X** \_\_\_\_\_ **X** \_\_\_\_\_ \_\_\_\_\_  
 Capital Business Systems, Inc. Representative Customer Acceptance Date

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If additional features are required or your office copying or fax requirements change rapidly, you are entitled to upgrade to new equipment based on the following "Upgrade Allowance" applied to your original purchase price.

| Months Owned      | 1-3  | 4-12 | 13-24 | 25-36 | 37-48 | 49-60 |
|-------------------|------|------|-------|-------|-------|-------|
| Upgrade Allowance | 100% | 60%  | 40%   | 30%   | 20%   | 10%   |

Model iR-Advance C5255 Serial # \_\_\_\_\_ Install Date \_\_\_\_\_

Customer City of Grand Island

Address 100 E. 1<sup>st</sup>

City Grand Island State NE Zip 68801 Service Zone 1

**X** \_\_\_\_\_ **X** \_\_\_\_\_ \_\_\_\_\_  
 Capital Business Systems, Inc. Representative Customer Acceptance Date

***This Performance Promise includes, and is subject to, the terms and conditions on the reverse side hereof.***

# Edith Abbott Memorial Library



# Sales Order Agreement

18896

Order ID #

TH0421

OMD Account #

| Customer Bill To   |                                 |  |            | Customer Ship To   |                 |                                  |             |
|--|---------------------------------|--|------------|--|-----------------|----------------------------------|-------------|
| Name<br>City Of Grand Island   |                                 |  |            | Name<br>City Of Grand Island                               |                 |                                  |             |
| Address<br>100 East First Street<br>Grand Island, NE 68801   |                                 |  |            | Address<br>100 East First Street<br>Grand Island, NE 68801 |                 |                                  |             |
| Telephone #<br>(308) 385-5444  |                                 | Contact Name                               |            | Telephone #<br>(308) 385-5444                              |                 | Contact Name                     |             |
| Customer P.O Number  |                                 | Date<br>11/06/2014                         |            | Terms<br>36 mth, \$1.00 BO                                 |                 | Requested Delivery Date          |             |
| QTY  | Description                     | Item #                                     | Unit Price | Total Amount   |                 |                                  |             |
| 2  | Canon imageRUNNER ADVANCE 4245  | 8030B003BA                                 |            |  |                 |                                  |             |
| 2  | Canon PCL Printer Kit-AY1       | 8188B001AA                                 |            |  |                 |                                  |             |
| 2  | Canon Super G3 FAX Board-AP1    | 8184B002AA                                 |            |  |                 |                                  |             |
| 2  | Canon Cassette Feeding Unit-AF1 | _3755B001AA                                |            |  |                 |                                  |             |
| 2  | Canon Inner 2/3 Hole Puncher-A1 | _4810B002AA                                |            |  |                 |                                  |             |
| 2  | Canon Inner Finisher-D1         | _4808B001AA                                |            |  |                 |                                  |             |
| 1  | Canon imageRUNNER ADVANCE 4245  | 8030B003BA                                 |            |  |                 |                                  |             |
| 1  | Canon PCL Printer Kit-AY1       | 8188B001AA                                 |            |  |                 |                                  |             |
| 1  | Canon Cassette Feeding Unit-AF1 | _3755B001AA                                |            |  |                 |                                  |             |
| Surge Protector Installed? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ID No. _____  |                                 |  |            |  |                 |                                  |             |
| Trade-In Manufacturer  |                                 |  |            | S/N or ID #  | Model           | Meter                            | Manuals/CDs |
| Trade-In Accessories   |                                 |  |            | Supplies   | Surge Protector |                                  |             |
| SERVICE CONTRACT: YES <input type="checkbox"/> NO <input type="checkbox"/> INTEGRATION & SUPPORT AGREEMENT: YES <input type="checkbox"/> NO <input type="checkbox"/> IN-STOCK ITEM: YES <input type="checkbox"/> NO <input type="checkbox"/> |                                 |  |            |  |                 |                                  |             |
| Special Instructions/Terms   |                                 |  |            |  |                 | Sub Total                        |             |
| LEASE TERMS: 36 months LEASE PAYMENT: \$908.36   |                                 |  |            |  |                 | Canon Stretch Your Dollars       |             |
|  |                                 |  |            |  |                 | Buyout                           |             |
|  |                                 |  |            |  |                 | Delivery and Installation        |             |
|  |                                 |  |            |  |                 | Network Integration              |             |
| (Subject to City Council Approval)   |                                 |  |            |  |                 | Final Sales Price (Amt Financed) |             |
|  |                                 |  |            |  |                 | Misc                             |             |
|  |                                 |  |            |  |                 | Sales Tax                        |             |
|  |                                 |  |            |  |                 | Total                            |             |
|  |                                 |  |            |  |                 | Cash Paid                        |             |
|  |                                 |  |            |  |                 | Balance Owed                     |             |
| TERMS  |                                 |  |            | CUSTOMER ACCEPTANCE  |                 |                                  |             |
| All equipment, accessories and/or supplies indicated above are purchased under Capital Business Systems, Inc. standard terms on reverse  |                                 |  |            | Signature<br><i>[Signature]</i>                            |                 | Title<br>Mayor                   |             |
| Agreement Approved By:   |                                 | Date: / /                                  |            | Print Name<br>Jay Navricek                                 |                 | Date Signed<br>11/12/14          |             |
|  |                                 | Capital Business Systems Executive Officer |            | Sales Representative                                       |                 | Location                         |             |

THIS AGREEMENT IS SUBJECT TO THE TERMS AND CONDITIONS PRINTED ON THE REVERSE SIDE WHICH BY THIS REFERENCE ARE MADE A PART HEREOF

Corporate Offices: 7052 Commerce Circle, Cheyenne, WY 82007

Phone: 800-221-0604 Fax: 307-634-1200

Solutions for Better Document Management







APPLICATION NO.

CONTRACT NO.

DocuManagement

This document is written in "Plain English". The words you and your refer to the customer. The words, Owner, we, us and our refer to Capital Business Systems, Inc.

1. CUSTOMER.

Form with fields: LEGAL NAME OF BUSINESS (City Of Grand Island), ADDRESS (100 East First Street), CITY (Grand Island), STATE (NE), ZIP (68801), Phone ((308) 385-5444), TYPE OF BUSINESS (Corporation, Partnership, Proprietorship), NUMBER OF YEARS IN BUSINESS, FEDERAL TAX I.D. #

2. SPECIFY EQUIPMENT/LEASE TERM.

Table with columns: Make/Model/Accessories, Serial #, Term, Monthly Payment\*, Copies Included, Additional Copies to be billed @\*, Starting Meter. Rows list imageRUNNER ADVANCE 4245 (2) and 5240A.

Security Deposit \$ 0 (plus applicable taxes) Check One: Consolidated with Detail, Consolidated, Itemized Schedule A

You will have the following options at the end of the original term, provided the Lease has not terminated early and no event of default under the Lease has occurred and is continuing: 1. Purchase the Equipment for the \$1.00. (If no purchase option is entered, the Fair Market Value will be your end of lease option) 2. Renew the Lease per paragraph 1. 3. Return Equipment as provided in Paragraph 6.

3. PROVIDE US WITH SOME BASIC INFORMATION.

Form with fields: NAME OF PRINCIPAL, SOCIAL SECURITY #, PERCENTAGE OWNERSHIP OF BUSINESS, HOME ADDRESS, CITY, STATE, ZIP, PHONE, PRESENT BANK, ACCOUNT #, BANK CONTACT, PHONE, TRADE REFERENCE 1, CITY/STATE, PHONE, TRADE REFERENCE 2, CITY/STATE, PHONE

4. SIGN THE LEASE ACCEPTANCE.

THIS IS A NON-CANCELABLE / IRREVOCABLE LEASE. THIS LEASE CANNOT BE CANCELED OR TERMINATED. By signing below, you acknowledge and accept all terms and conditions on the back of this agreement and hereby authorize your banks, trade references, credit bureaus, and financial institutions to release personal and business credit information via fax or over the phone to Capital Business Systems, Inc. for purposes of reviewing this application for business credit.

Signature and Title fields for lease acceptance, including handwritten signature and title 'Mayor'.

5. SIGN THE DELIVERY AND ACCEPTANCE.

You certify that all the equipment listed above has been furnished, that delivery and installation has been fully completed and satisfactory. Further, all conditions and terms of this Agreement have been reviewed and acknowledged. Upon your signing below, your promises herein will be irrevocable and unconditional in all respects.

Signature and Title fields for delivery and acceptance, including handwritten signature and title 'Mayor'.

6. SIGN THE GUARANTY. (Please do not include title)

As additional inducement for us to enter into the Agreement, the undersigned ("you") Unconditionally, jointly and severally, personally guarantees that the customer will make all the payments and meet all obligations required under this Agreement and any supplements fully and promptly. You agree that we may make other arrangements including compromise or settlement with the customer and you waive all defenses and notice of those changes and will remain responsible for the payments and obligations of this agreement. We do not have to notify you if the customer is in default. If the customer defaults, you will immediately pay in accordance with the default provision of the agreement all sums due under the terms of the Agreement and will perform all the obligations of the Agreement. If it is Necessary for us to proceed legally to enforce this guarantee, you expressly consent to the jurisdiction of the court set out in paragraph 15 and agree to pay all costs, including attorneys fees incurred in enforcement of this guaranty. It is not necessary for us to proceed first against the customer before enforcing this guaranty. By signing this guaranty, you authorize us to obtain credit bureau reports for credit and collection purposes. EACH OF THE UNDERSIGNED WAIVES ANY RIGHT TO A TRIAL BY JURY.

Signature and Title fields for guaranty, including handwritten signature.

Capital Business Systems, Inc. (for internal use only)

OWNER: Capital Business Systems, Inc. TITLE: DATE:



# Maintenance & Supply Agreement

|  |   |  |   |
|--|---|--|---|
| <b>S<br/>H<br/>I<br/>P<br/>T<br/>O</b> | <b>Customer Name</b><br>City Of Grand Island                      | <b>B<br/>I<br/>L<br/>L<br/>T<br/>O</b> | <b>Customer Name</b><br>City Of Grand Island                      |
|  | <b>Address</b><br>100 East First Street<br>Grand Island, NE 68801 |  | <b>Address</b><br>100 East First Street<br>Grand Island, NE 68801 |
|  | <b>Telephone #</b><br>(308) 385-5444                              |  | <b>Telephone #</b><br>(308) 385-5444                              |
|  | Attention   |  | Attention   |
|  | Email   |  | Email   |
|  | <b>Fax #</b><br>(130) 838-5548                                    |  | <b>Fax #</b><br>(130) 838-5548                                    |

**POOL BILLING:** Yes  No

| Make/Model               | ID # | Serial # | Annual Base Rate |
|--------------------------|------|----------|------------------|
| imageRUNNER ADVANCE 4245 |      |          |                  |
| imageRUNNER ADVANCE 4245 |      |          |                  |
| imageRUNNER ADVANCE 4245 |      |          |                  |

Contract Term: 36 months. Start: \_\_\_\_\_ End: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

|                                 |
|---------------------------------|
| <b>Beginning Meter Reading:</b> |
| Color: _____                    |
| Black: _____                    |
| Other Meter: _____              |

**Terms of Agreement:**

- Maintenance Agreement covers all parts, labor, and supplies. Supplies will be shipped at the request of the customer. Paper, staples, and masters for duplicators are excluded and must be purchased separately by the customer.
- Annual Base Rate: \_\_\_\_\_ (Billed \_\_\_\_\_ at \$ \_\_\_\_\_)
- Color copies/prints included: \_\_\_\_\_ per  month  quarter  year.  
Additional color copies billed at \_\_\_\_\_ billed  month  quarter  year.
- Black copies/prints included: 0 per  month  quarter  year.  
All black copies/prints billed at \$0.011 billed  month  quarter  year.
- Approximate toner yields \_\_\_\_\_ color copies per  carton  cartridge  bottle  
Based on 6% coverage 34,200 black copies per  carton  cartridge  bottle
- For duplicators, all masters will be billed at \_\_\_\_\_ ¢ per master. Billing will be completed on a quarterly basis.

*Capital Business Systems, Inc. reserves the right to increase the cost of contract annually during the contract period.*

This is a non-cancelable contract - customer acknowledges to have read the terms above and on the reverse side, and agrees to all of these terms & conditions.

**Special Provisions:**

X \_\_\_\_\_ Title \_\_\_\_\_ Date 11/12/14  
Customer Acceptance  
\_\_\_\_\_  
Capital Business Systems Title Date



# Maintenance & Supply Agreement

|  |   |  |   |
|--|---|--|---|
| <b>S<br/>H<br/>I<br/>P<br/>T<br/>O</b> | <b>Customer Name</b><br>City Of Grand Island                      | <b>B<br/>I<br/>L<br/>L<br/>T<br/>O</b> | <b>Customer Name</b><br>City Of Grand Island                      |
|  | <b>Address</b><br>100 East First Street<br>Grand Island, NE 68801 |  | <b>Address</b><br>100 East First Street<br>Grand Island, NE 68801 |
|  | <b>Telephone #</b><br>(308) 385-5444                              |  | <b>Telephone #</b><br>(308) 385-5444                              |
|  | Attention   |  | Attention   |
|  | Email   |  | Email   |
|  | <b>Fax #</b><br>(308) 38-5548                                     |  | <b>Fax #</b><br>(308) 38-5548                                     |

**POOL BILLING:** Yes  No

| Make/Model                | ID # | Serial # | Annual Base Rate |
|---------------------------|------|----------|------------------|
| imageRUNNER ADVANCE C5255 |      |          |                  |
|                           |      |          |                  |
|                           |      |          |                  |

Contract Term: 36 months. Start: \_\_\_\_\_ End: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

|  |
|--|
| Beginning Meter Reading:<br><br>Color: _____<br>Black: _____<br><br>Other Meter: _____ |
|--|

**Terms of Agreement:**

- Maintenance Agreement covers all parts, labor, and supplies. Supplies will be shipped at the request of the customer. Paper, staples, and masters for duplicators are excluded and must be purchased separately by the customer.
- Annual Base Rate: \_\_\_\_\_ (Billed \_\_\_\_\_ at \$ \_\_\_\_\_)
- Color copies/prints included: 0 per \_\_\_\_\_  month  quarter  year.  
All color copies/prints billed at .069 billed  month  quarter  year.
- Black copies/prints included: 0 per \_\_\_\_\_  month  quarter  year.  
All black copies/prints billed at .012 billed  month  quarter  year.
- Approximate toner yields 38,000 color copies per  carton  cartridge  bottle  
Based on 6% coverage 44,000 black copies per  carton  cartridge  bottle
- For duplicators, all masters will be billed at \_\_\_\_\_ ¢ per master. Billing will be completed on a quarterly basis.

This is a non-cancelable contract - customer acknowledges to have read the terms above and on the reverse side, and agrees to all of these terms & conditions.

**Special Provisions:**

X [Signature] \_\_\_\_\_ Mayor \_\_\_\_\_ 11/12/14  
Customer Acceptance Title Date  
Capital Business Systems Title



**Product Installation  
Removal & Acceptance**

| Customer Location   |                      |
|---|----------------------|
| <b>Customer Name</b><br>City Of Grand Island                      | <b>Department:</b>   |
| <b>Address</b><br>100 East First Street<br>Grand Island, NE 68801 |                      |
| <b>Telephone Number</b><br>(308) 385-5444                         | <b>Contact Name</b>  |
| <b>Date of Transaction</b>  | <b>Contact Email</b> |

**PRODUCT DELIVERED & INSTALLED**

Sale Type: Lease

Stairs: No /

| Item #     | Description               | Serial # |
|------------|---------------------------|----------|
| 8030B003BA | imageRUNNER ADVANCE 4245  |          |
| 4808B001AA | Inner Finisher-D1         |          |
| 4810B002AA | Inner 2/3 Hole Puncher-A1 |          |
| 3755B001AA | Cassette Feeding Unit-AF1 |          |
| 8188B001AA | PCL Printer Kit-AY1       |          |
| 8184B002AA | Super G3 FAX Board-AP1    |          |
|            |                           |          |
|            |                           |          |

| ID #         |
|--------------|
| Meter:       |
| Black:       |
| Color:       |
| Extra Toners |

**Product Removed**

Trade-In  
 SON Owned

Company Owned  
 Surplus

Mfg/Lessor Owned  
 Redeploy

| Item # | Description | Serial # |
|--------|-------------|----------|
|        |             |          |
|        |             |          |
|        |             |          |

| ID #   |
|--------|
| Meter: |
| Black: |
| Color: |

Supplies: \_\_\_\_\_ Stairs: \_\_\_\_\_

**DELIVERY & ACCEPTANCE AND/OR REMOVAL AUTHORIZED**

*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 Sales Agreement.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

For \_\_\_\_\_ (Legal Name of Firm)

Witness Leah M. Carty (Capital Business Systems, Inc Representative)



**Product Installation  
Removal & Acceptance**

| Customer Location  |               |
|--|---------------|
| Customer Name<br>City Of Grand Island Department:          |               |
| Address<br>100 East First Street<br>Grand Island, NE 68801 |               |
| Telephone Number<br>(308) 385-5444                         | Contact Name  |
| Date of Transaction  | Contact Email |

**PRODUCT DELIVERED & INSTALLED**

Sale Type: Lease Stairs: No /

| Item #     | Description               | Serial # | ID # |
|------------|---------------------------|----------|------|
| 8030B003BA | imageRUNNER ADVANCE 4245  |          |      |
| 4808B001AA | Inner Finisher-D1         |          |      |
| 4810B002AA | Inner 2/3 Hole Puncher-A1 |          |      |
| 3755B001AA | Cassette Feeding Unit-AF1 |          |      |
| 8188B001AA | PCL Printer Kit-AY1       |          |      |
| 8184B002AA | Super G3 FAX Board-AP1    |          |      |
|            |                           |          |      |
|            |                           |          |      |

|              |
|--------------|
| Meter:       |
| Black:       |
| Color:       |
| Extra Toners |

**Product Removed**

Trade-In                       Company Owned                       Mfg/Lessor Owned  
 SON Owned                       Surplus                       Redeploy

| Item # | Description | Serial # | ID # |
|--------|-------------|----------|------|
|        |             |          |      |
|        |             |          |      |
|        |             |          |      |
|        |             |          |      |

|        |
|--------|
| Meter: |
| Black: |
| Color: |

Supplies: \_\_\_\_\_ Stairs: \_\_\_\_\_

**DELIVERY & ACCEPTANCE AND/OR REMOVAL AUTHORIZED**

*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 Sales Agreement.*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Print Name \_\_\_\_\_ Title \_\_\_\_\_  
 For \_\_\_\_\_ (Legal Name of Firm)  
 Witness \_\_\_\_\_ (Capital Business Systems, Inc Representative)



**Product Installation  
Removal & Acceptance**

| Customer Location  |               |
|--|---------------|
| Customer Name<br>City Of Grand Island                      Department: |               |
| Address<br>100 East First Street<br>Grand Island, NE 68801             |               |
| Telephone Number<br>(308) 385-5444                                     | Contact Name  |
| Date of Transaction  | Contact Email |

**PRODUCT DELIVERED & INSTALLED**

Sale Type: Lease

Stairs: No /

| Item #     | Description               | Serial # |
|------------|---------------------------|----------|
| 8030B003BA | imageRUNNER ADVANCE 4245  |          |
| 4808B001AA | Inner Finisher-D1         |          |
| 4810B002AA | Inner 2/3 Hole Puncher-A1 |          |
| 3755B001AA | Cassette Feeding Unit-AF1 |          |
| 8188B001AA | PCL Printer Kit-AY1       |          |
|            |                           |          |
|            |                           |          |
|            |                           |          |

|              |
|--------------|
| ID #         |
| Meter:       |
| Black:       |
| Color:       |
| Extra Toners |

**Product Removed**

Trade-In                       Company Owned                       Mfg/Lessor Owned  
 SON Owned                       Surplus                       Redeploy

| Item # | Description | Serial # |
|--------|-------------|----------|
|        |             |          |
|        |             |          |
|        |             |          |

|        |
|--------|
| ID #   |
| Meter: |
| Black: |
| Color: |

Supplies: \_\_\_\_\_ Stairs: \_\_\_\_\_

**DELIVERY & ACCEPTANCE AND/OR REMOVAL AUTHORIZED**

*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 Sales Agreement.*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Print Name \_\_\_\_\_ Title \_\_\_\_\_  
 For \_\_\_\_\_ (Legal Name of Firm)  
 Witness \_\_\_\_\_ (Capital Business Systems, Inc Representative)



**Product Installation  
Removal & Acceptance**

| Customer Location  |               |
|--|---------------|
| Customer Name<br>City Of Grand Island                      |               |
| Address<br>100 East First Street<br>Grand Island, NE 68801 |               |
| Telephone Number<br>(308) 385-5444                         | Contact Name  |
| Date of Transaction  | Contact Email |

**PRODUCT DELIVERED & INSTALLED**

Sale Type: Lease

Stairs: No /

| Item #     | Description                              | Serial # |
|------------|--|----------|
| 5558B003AA | imageRUNNER ADVANCE C5255                |          |
| 3655B004AA | Paper Deck Unit-B2                       |          |
| 3660B006AA | External 2/3 Hole Puncher-B2             |          |
| 3654B007AA | Cassette Feeding Unit-AD2                |          |
| 5587B002AA | Staple Finisher-J1 (include Buffer Pass) |          |
| 5592B005AA | PCL Printer Kit-AR1                      |          |
|            |  |          |
|            |  |          |

| ID #         |
|--------------|
|              |
| Meter:       |
|              |
| Black:       |
|              |
| Color:       |
|              |
| Extra Toners |
|              |

**Product Removed**

Trade-In                       Company Owned                       Mfg/Lessor Owned  
 SON Owned                       Surplus                       Redeploy

| Item # | Description | Serial # |
|--------|-------------|----------|
|        |             |          |
|        |             |          |
|        |             |          |
|        |             |          |

| ID #   |
|--------|
|        |
| Meter: |
|        |
| Black: |
|        |
| Color: |
|        |

Supplies: \_\_\_\_\_ Stairs: \_\_\_\_\_

**DELIVERY & ACCEPTANCE AND/OR REMOVAL AUTHORIZED**

*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 Sales Agreement.*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Print Name \_\_\_\_\_ Title \_\_\_\_\_  
 For \_\_\_\_\_ (Legal Name of Firm)  
 Witness \_\_\_\_\_ (Capital Business Systems, Inc Representative)



# Maintenance & Supply Agreement

|  |  |  |   |
|--|--|--|---|
| <b>S<br/>H<br/>I<br/>P<br/>T<br/>O</b> | <b>Customer Name</b><br>Edith Abbott Memorial Library        | <b>B<br/>I<br/>L<br/>L<br/>T<br/>O</b> | <b>Customer Name</b><br>Edith Abbott Memorial Library         |
|  | <b>Address</b><br>211 N Washington<br>Grand Island, NE 68801 |  | <b>Address</b><br>211 N. Washington<br>Grand Island, NE 68801 |
|  | <b>Telephone #</b><br>(308) 385-5333                         |  | <b>Telephone #</b><br>(308) 385-5333                          |
|  | <b>Attention</b>   |  | <b>Attention</b>  |
|  | <b>Email</b>   |  | <b>Email</b>  |
|  | <b>Fax #</b>   |  | <b>Fax #</b>  |

POOL BILLING: Yes  No

| Make/Model                 | ID # | Serial # | Annual Base Rate |
|----------------------------|------|----------|------------------|
| imageRUNNER ADVANCE C5240A |      |          |                  |
| imageRUNNER ADVANCE 4245   |      |          |                  |
|                            |      |          |                  |
|                            |      |          |                  |

Contract Term: 36 months. Start: \_\_\_\_\_ End: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Beginning Meter Reading:

Color: \_\_\_\_\_

Black: \_\_\_\_\_

Other Meter: \_\_\_\_\_

**Terms of Agreement:**

- Maintenance Agreement covers all parts, labor, and supplies. Supplies will be shipped at the request of the customer. Paper, staples, and masters for duplicators are excluded and must be purchased separately by the customer.
- Annual Base Rate: \_\_\_\_\_ (Billed \_\_\_\_\_ at \$ \_\_\_\_\_)
- Color copies/prints included: 0 per \_\_\_\_\_  month  quarter  year.  
All color copies/prints billed at .069 billed  month  quarter  year.
- Black copies/prints included: 0 per \_\_\_\_\_  month  quarter  year.  
All black copies/prints billed at .012 billed  month  quarter  year.
- Approximate toner yields 27,000 color copies per  carton  cartridge  bottle  
Based on 6% coverage 36,000 black copies per  carton  cartridge  bottle
- For duplicators, all masters will be billed at \_\_\_\_\_ ¢ per master. Billing will be completed on a quarterly basis.

This is a non-cancelable contract - customer acknowledges to have read the terms above and on the reverse side, and agrees to all of these terms & conditions.

**Special Provisions:**

X [Signature] \_\_\_\_\_ Mayor \_\_\_\_\_ 11/12/14  
Customer Acceptance Title Date  
Capital Business Systems Title Date  
Revised: 7/30/2007





*Performance Promise*

**As the premier supplier of office equipment in the Midwest & Rocky Mountain Regions, Capital Business Systems, Inc. is proud to offer our customers the following guarantees:**

**Performance Promise**

Your new system will perform to your satisfaction or you are entitled to a replacement with the same or comparable features at no charge.

**Reliability Promise**

Your new system will maintain a 98% level of uptime or your money back for the time it is down. Plus, a free loaner if your copier or fax is out of service for more than (8) working hours in Zone 1 areas.

**Service Support Promise**

As a priority contract customer, you will receive prompt professional service. Response to your emergency service calls will average (4) hours in Zone 1 areas. Your copying or fax system will be serviced by trained technicians who will make adjustments and repairs quickly.

**Supplies & Parts Promise**

Your new system comes with a guarantee on availability of services, parts, and supplies from date of installation. Capital Business Systems, Inc. will maintain a local inventory of supplies and parts to help insure prompt repair of your system.

**Upgrade Promise**

If additional features are required or your office copying or fax requirements change rapidly, you are entitled to upgrade to new equipment based on the following "Upgrade Allowance" applied to your original purchase price.

| Months Owned      | 1-3  | 4-12 | 13-24 | 25-36 | 37-48 | 49-60 |
|-------------------|------|------|-------|-------|-------|-------|
| Upgrade Allowance | 100% | 60%  | 40%   | 30%   | 20%   | 10%   |

Model iR-Advance 4245 Serial # \_\_\_\_\_ Install Date \_\_\_\_\_

Customer City of Grand Island

Address 100 E. 1st

City Grand Island State NE Zip 68801 Service Zone 1

**X** \_\_\_\_\_  
Capital Business Systems, Inc. Representative

**X** \_\_\_\_\_  
Customer Acceptance

\_\_\_\_\_  
Date

***This Performance Promise includes, and is subject to, the terms and conditions on the reverse side hereof.***



*Performance Promise*

**As the premier supplier of office equipment in the Midwest & Rocky Mountain Regions, Capital Business Systems, Inc. is proud to offer our customers the following guarantees:**

**Performance Promise**

Your new system will perform to your satisfaction or you are entitled to a replacement with the same or comparable features at no charge.

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If additional features are required or your office copying or fax requirements change rapidly, you are entitled to upgrade to new equipment based on the following "Upgrade Allowance" applied to your original purchase price.

| Months Owned      | 1-3  | 4-12 | 13-24 | 25-36 | 37-48 | 49-60 |
|-------------------|------|------|-------|-------|-------|-------|
| Upgrade Allowance | 100% | 60%  | 40%   | 30%   | 20%   | 10%   |

Model iR-Advance 4245 Serial # \_\_\_\_\_ Install Date \_\_\_\_\_

Customer City of Grand Island

Address 100 E. 1st

City Grand Island State NE Zip 68801 Service Zone 1

X Capital Business Systems, Inc. Representative      X Customer Acceptance      \_\_\_\_\_ Date

***This Performance Promise includes, and is subject to, the terms and conditions on the reverse side hereof.***



*Performance Promise*

**As the premier supplier of office equipment in the Midwest & Rocky Mountain Regions, Capital Business Systems, Inc. is proud to offer our customers the following guarantees:**

**Performance Promise**

Your new system will perform to your satisfaction or you are entitled to a replacement with the same or comparable features at no charge.

**Reliability Promise**

Your new system will maintain a 98% level of uptime or your money back for the time it is down. Plus, a free loaner if your copier or fax is out of service for more than (8) working hours in Zone 1 areas.

**Service Support Promise**

As a priority contract customer, you will receive prompt professional service. Response to your emergency service calls will average (4) hours in Zone 1 areas. Your copying or fax system will be serviced by trained technicians who will make adjustments and repairs quickly.

**Supplies & Parts Promise**

Your new system comes with a guarantee on availability of services, parts, and supplies from date of installation. Capital Business Systems, Inc. will maintain a local inventory of supplies and parts to help insure prompt repair of your system.

**Upgrade Promise**

If additional features are required *or* your office copying or fax requirements change rapidly, you are entitled to upgrade to new equipment based on the following "Upgrade Allowance" applied to your original purchase price.

| Months Owned      | 1-3  | 4-12 | 13-24 | 25-36 | 37-48 | 49-60 |
|-------------------|------|------|-------|-------|-------|-------|
| Upgrade Allowance | 100% | 60%  | 40%   | 30%   | 20%   | 10%   |

Model iR-Advance 4245 Serial # \_\_\_\_\_ Install Date \_\_\_\_\_

Customer City of Grand Island

Address 100 E. 1st

City Grand Island State NE Zip 68801 Service Zone 1

**X** \_\_\_\_\_ **X** \_\_\_\_\_ Date \_\_\_\_\_  
 Capital Business Systems, Inc. Representative Customer Acceptance

***This Performance Promise includes, and is subject to, the terms and conditions on the reverse side hereof.***



*Performance Promise*

**As the premier supplier of office equipment in the Midwest & Rocky Mountain Regions, Capital Business Systems, Inc. is proud to offer our customers the following guarantees:**

**Performance Promise**

Your new system will perform to your satisfaction or you are entitled to a replacement with the same or comparable features at no charge.

**Reliability Promise**

Your new system will maintain a 98% level of uptime or your money back for the time it is down. Plus, a free loaner if your copier or fax is out of service for more than (8) working hours in Zone 1 areas.

**Service Support Promise**

As a priority contract customer, you will receive prompt professional service. Response to your emergency service calls will average (4) hours in Zone 1 areas. Your copying or fax system will be serviced by trained technicians who will make adjustments and repairs quickly.

**Supplies & Parts Promise**

Your new system comes with a guarantee on availability of services, parts, and supplies from date of installation. Capital Business Systems, Inc. will maintain a local inventory of supplies and parts to help insure prompt repair of your system.

**Upgrade Promise**

If additional features are required or your office copying or fax requirements change rapidly, you are entitled to upgrade to new equipment based on the following "Upgrade Allowance" applied to your original purchase price.

| Months Owned      | 1-3  | 4-12 | 13-24 | 25-36 | 37-48 | 49-60 |
|-------------------|------|------|-------|-------|-------|-------|
| Upgrade Allowance | 100% | 60%  | 40%   | 30%   | 20%   | 10%   |

Model iR-Advance C5255 Serial # \_\_\_\_\_ Install Date \_\_\_\_\_

Customer City of Grand Island

Address 100 E. 1<sup>st</sup>

City Grand Island State NE Zip 68801 Service Zone 1

X Capital Business Systems, Inc. Representative X Customer Acceptance \_\_\_\_\_ Date \_\_\_\_\_

***This Performance Promise includes, and is subject to, the terms and conditions on the reverse side hereof.***





**Product Installation  
Removal & Acceptance**

| Customer Location                                     |               |
|---|---------------|
| Customer Name<br>Edith Abbott Memorial Library        |               |
| Address<br>211 N Washington<br>Grand Island, NE 68801 |               |
| Telephone Number<br>(308) 385-5333                    | Contact Name  |
| Date of Transaction                                   | Contact Email |

**PRODUCT DELIVERED & INSTALLED**

Sale Type: Lease

Stairs: No /

| Item #     | Description                   | Serial # |
|------------|-------------------------------|----------|
| 8030B003BA | imageRUNNER ADVANCE 4245      |          |
| 6543B001AA | Cabinet Type-G                |          |
| 3726B001AA | Copy Control Interface Kit-A1 |          |
|            | Jamex Interface Cable         |          |
|            |                               |          |
|            |                               |          |
|            |                               |          |
|            |                               |          |

|              |
|--------------|
| ID #         |
| Meter:       |
| Black:       |
| Color:       |
| Extra Toners |

**Product Removed**

Trade-In  
 SON Owned

Company Owned  
 Surplus

Mfg/Lessor Owned  
 Redeploy

| Item # | Description | Serial # |
|--------|-------------|----------|
|        |             |          |
|        |             |          |
|        |             |          |
|        |             |          |

|        |
|--------|
| ID #   |
| Meter: |
| Black: |
| Color: |

Supplies: \_\_\_\_\_ Stairs: \_\_\_\_\_

**DELIVERY & ACCEPTANCE AND/OR REMOVAL AUTHORIZED**

*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 Sales Agreement.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

For \_\_\_\_\_ (Legal Name of Firm)

Witness \_\_\_\_\_ (Capital Business Systems, Inc Representative)



**Product Installation  
Removal & Acceptance**

| Customer Location                                      |               |
|--|---------------|
| Customer Name<br>Edith Abbott Memorial Library         |               |
| Address<br>211 N. Washington<br>Grand Island, NE 68801 |               |
| Telephone Number<br>(308) 385-5333                     | Contact Name  |
| Date of Transaction                                    | Contact Email |

**PRODUCT DELIVERED & INSTALLED**

Sale Type: Lease

Stairs: No /

| Item #     | Description                | Serial # |
|------------|----------------------------|----------|
| 5560B055AA | imageRUNNER ADVANCE C5240A |          |
| 4364B003AB | Cabinet Type-B1            |          |
| 5592B005AA | PCL Printer Kit-AR1        |          |
|            |                            |          |
|            |                            |          |
|            |                            |          |
|            |                            |          |

|              |
|--------------|
| ID #         |
| Meter:       |
| Black:       |
| Color:       |
| Extra Toners |

**Product Removed**

Trade-In  
 SON Owned

Company Owned  
 Surplus

Mfg/Lessor Owned  
 Redeploy

| Item # | Description | Serial # |
|--------|-------------|----------|
|        |             |          |
|        |             |          |
|        |             |          |

|        |
|--------|
| ID #   |
| Meter: |
| Black: |
| Color: |

Supplies: \_\_\_\_\_ Stairs: \_\_\_\_\_

**DELIVERY & ACCEPTANCE AND/OR REMOVAL AUTHORIZED**

*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 Sales Agreement.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

For \_\_\_\_\_ (Legal Name of Firm)

Witness \_\_\_\_\_ (Capital Business Systems, Inc Representative)



*Performance Promise*

**As the premier supplier of office equipment in the Midwest & Rocky Mountain Regions, Capital Business Systems, Inc. is proud to offer our customers the following guarantees:**

**Performance Promise**

Your new system will perform to your satisfaction or you are entitled to a replacement with the same or comparable features at no charge.

**Reliability Promise**

Your new system will maintain a 98% level of uptime or your money back for the time it is down. Plus, a free loaner if your copier or fax is out of service for more than (8) working hours in Zone 1 areas.

**Service Support Promise**

As a priority contract customer, you will receive prompt professional service. Response to your emergency service calls will average (4) hours in Zone 1 areas. Your copying or fax system will be serviced by trained technicians who will make adjustments and repairs quickly.

**Supplies & Parts Promise**

Your new system comes with a guarantee on availability of services, parts, and supplies from date of installation. Capital Business Systems, Inc. will maintain a local inventory of supplies and parts to help insure prompt repair of your system.

**Upgrade Promise**

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| Months Owned      | 1-3  | 4-12 | 13-24 | 25-36 | 37-48 | 49-60 |
|-------------------|------|------|-------|-------|-------|-------|
| Upgrade Allowance | 100% | 60%  | 40%   | 30%   | 20%   | 10%   |

Model iR-Advance 4245 Serial # \_\_\_\_\_ Install Date \_\_\_\_\_

Customer Edith Abbott Memorial Library

Address 211 N. Washington

City Grand Island State NE Zip 68801 Service Zone 1

X Capital Business Systems, Inc. Representative X Customer Acceptance \_\_\_\_\_ Date \_\_\_\_\_

***This Performance Promise includes, and is subject to, the terms and conditions on the reverse side hereof.***





*Performance Promise*

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|-------------------|------|------|-------|-------|-------|-------|
| Upgrade Allowance | 100% | 60%  | 40%   | 30%   | 20%   | 10%   |

Model iR-Advance C5240A Serial # \_\_\_\_\_ Install Date \_\_\_\_\_

Customer Edith Abbott Memorial Library

Address 211 N. Washington

City Grand Island State NE Zip 68801 Service Zone 1

**X** \_\_\_\_\_  
Capital Business Systems, Inc. Representative

**X** \_\_\_\_\_  
Customer Acceptance

\_\_\_\_\_  
Date

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