



KONICA MINOLTA

Master Premier Advantage Schedule

For office use only (Check one): Branch Windsor

APPLICATION NO.

MASTER AGREEMENT NO.

SCHEDULE NO.

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

FULL LEGAL NAME
STREET ADDRESS / P.O. BOX
CITY STATE ZIP BILLING CONTACT NAME
BILL-TO PHONE NUMBER* FAX NUMBER E-MAIL

*By providing a telephone number for a cellular phone or other wireless device, you are expressly consenting to receiving communications (for NON-marketing or solicitation purposes) at that number, including, but not limited to, prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system from Lessor and its affiliates and agents.

CUSTOMER INSTALLATION LOCATION

LESSEE LEGAL NAME
STREET ADDRESS
CITY STATE ZIP CONTACT NAME
PHONE NUMBER FAX NUMBER

Make/Model/Accessories (including Software Description and Supplier / Licensor if applicable) Asset Invoice Information Serial Number Start Meter Read(s)

Table with 4 columns: Make/Model/Accessories, Asset Invoice Information, Serial Number, Start Meter Read(s). Multiple rows for equipment listing.

See attached 'Schedule A' for additional Equipment / Accessories / Software

TERM AND PAYMENT SCHEDULE

Table with 5 columns: TERM IN MONTHS, # of payments, Payment Frequency, Payment Amount, Advance Payment. Includes rows for B&W and Color pages per month and overage billing rates.

THIS SCHEDULE INCORPORATES ALL OF THE TERMS AND CONDITIONS OF THE MASTER PREMIER ADVANTAGE AGREEMENT IDENTIFIED ABOVE.

LESSOR ACCEPTANCE

Konica Minolta Premier Finance
LESSOR AUTHORIZED SIGNER TITLE DATED

CUSTOMER ACCEPTANCE

FULL LEGAL NAME OF CUSTOMER (as referenced above) AUTHORIZED SIGNER DATED

FEDERAL TAX I.D. # PRINT NAME TITLE