



**Document Efficiency
At Work.SM**

1738 Bass Road
Macon GA 31210
P.O. Box 9115
Macon GA 31208
Telephone 1-800-595-1011

Jun 24, 2011

**JANE HAMM
CENTRAL SCHOOL DISTRICT 104
309 HARTMAN LN
O FALLOON, IL 62269 1725**

**RE: IKON Financial Services Agreement
Account#: 1299788 -1014262A4**

Thank you for allowing IKON Financial Services to finance your recent contract. This packet contains copies of your executed documents. Please take a moment to review the enclosed documents. Should there be any discrepancy in the documents or if there is anything else you feel should be included in this transaction, please notify us immediately.

Your account number is noted on the top of this letter for easy reference when calling about your contract. A customer service representative will be able to help you with any questions concerning this transaction. Our office number is 1-800-595-1011 and we are available 8:00 AM to 8:00 PM EST, Monday through Friday, or you can leave a message for a returned call.

We are now offering the convenience of E-Delivery paperless billing. This new service is free and future invoices will be delivered electronically.

Start saving the environment today, click the link below to enroll in E-Delivery * or you can copy this address into your browser window: http://supportcentral.ge.com/*eDeliveryEnrollment

IKON Financial Services is committed to providing the highest quality of customer service possible, and we wish to express our sincere appreciation for allowing us this opportunity to assist you with your financing needs.

Sincerely,

IKON Office Solutions



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Enclosures

Customer Name: CENTRAL SCHOOL DISTRICT 104

Equipment Description: SEE ATTACHED

Equipment Location: SEE ATTACHED

Account#: 1299788 -1014262A4

Dates:

Description	Date
Term Commencement	3/28/2011
First Payment Due	6/28/2011
End of Initial Term	3/27/2016

**IFS Taxpayer
Identification
Number:**

23-0334400

**Remit
Payment:**

Monthly Payments should be made to: IKON OFFICE SOLUTIONS
PO BOX 650016
DALLAS, TX 75265 001616

**Property
Taxes:**

Property Taxes are assessed based on the equipment location on the tax assessment date. Each county or state determines its own assessment date based on its budget year. Please take a moment now and review the location address, listed under Equipment Location at top of this page, to make sure that the equipment is located at such address.

**Contact
Information:**

In the event of any discrepancies, please contact Customer Service immediately. To reach a Customer Service Specialist, please contact our Customer Service department toll free at 1-800-595-1011.

Please note that this notice is subject in all respects to the terms and conditions of your Agreement with IKON Financial Services and does not constitute an amendment or any other change to any of the terms or conditions of such Agreement. To the extent of any conflict between the contents of this notice and the terms or conditions of such Agreement, the terms and conditions of such Agreement shall control.

CUSTOMER NAME: CENTRAL SCHOOL DISTRICT 104

CUSTOMER CONTRACT# 1299788-1014262A4

MAKE/MODEL	LOCATION ADDRESS	CITY, STATE, ZIP
RI MP5000SP	309 HARTMAN LN	O FALLOON IL 62269 1725
RI MP5000SP	309 HARTMAN LN	O FALLOON IL 62269 1725
RI MPC4000	160 SAINT ELLEN MINE RD	O FALLOON IL 62269 1698
RI SPC420DN	309 HARTMAN LN	O FALLOON IL 62269 1725
RI SPC420DN	309 HARTMAN LN	O FALLOON IL 62269 1725
RI SPC420DN	309 HARTMAN LN	O FALLOON IL 62269 1725
RI SPC420DN	309 HARTMAN LN	O FALLOON IL 62269 1725
RI MP6001	160 SAINT ELLEN MINE RD	O FALLOON IL 62269 1698
RI MP7001	309 HARTMAN LN	O FALLOON IL 62269 1799



STATE AND LOCAL GOVERNMENT
Product Schedule

IKON

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1014262A4

IKON COMPANY

Product Schedule Number:

State and Local Government Master Agreement Number: 1299788 -1014262ML

This Image Management Plus Product Schedule ("Schedule") is made part of the State and Local Government Master Agreement ("Master Agreement") identified on this Schedule between IKON Office Solutions, Inc. ("we" or "us") and Central School District 104, as Customer ("Customer" or "you"). All terms and conditions of the Master Agreement are incorporated into this Schedule and made a part hereof. It is the intent of the parties that this Schedule be separately enforceable as a complete and independent agreement, independent of all other Schedules to the Master Agreement.

CUSTOMER INFORMATION

<u>Central School District 104</u>			
Customer (Bill To) <u>309 Hartmann Ln.</u>			
Product Location Address <u>O'fallon IL 62269</u>			
City <u>O'fallon</u>	County	State <u>IL</u>	Zip <u>62269</u>
Billing Contact Telephone Number <u>618-632-6336</u>		Billing Contact Facsimile Number <u>618-632-0263</u>	
		Billing Contact E-Mail Address <u>jhamm@central 104.org</u>	

PRODUCT DESCRIPTION ("Product")

Qty	Product Description: Make & Model
1	MP 6001 RICOH
1	MP 7001 RICOH
2	MP 5000 RICOH
1	MPC 4000 RICOH
4	SPC 420 DN RICOH

Qty	Product Description: Make & Model

PAYMENT SCHEDULE

Minimum Term (months) <u>60</u>	Minimum Payment (Without Tax) <u>\$ 11,073.00</u>	Minimum Payment Billing Frequency <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other: _____	Advance Payment <input type="checkbox"/> 1 st Payment <input type="checkbox"/> 1 st & Last Payment <input type="checkbox"/> Other: _____
Guaranteed Minimum Images* ^o		Cost of Additional Images* ^o	
Black/White <u>405,000</u>	Color <u>9,000</u>	Black/White <u>.007</u>	Color <u>.07</u>

* Based upon Minimum Payment Billing Frequency

^o Based upon standard 8 1/2" x 11" paper size. Paper sizes greater than 8 1/2" x 11" may count as more than one image.

Sales Tax Exempt: YES (Attach Exemption Certificate) Customer Billing Reference Number (P.O. #, etc.) _____
Addendum(s) attached: YES (check if yes and indicate total number of pages: _____)

TERMS AND CONDITIONS

1. The first Payment will be due on the Effective Date.
2. You, the undersigned Customer, have applied to us to use the above-described items ("Product") for lawful commercial (non-consumer) purposes. **THIS IS AN UNCONDITIONAL, NON-CANCELABLE AGREEMENT FOR THE MINIMUM TERM INDICATED ABOVE.** If we accept this Schedule, you agree to use the above Product on all the terms hereof, including the Terms and Conditions on the


Customer Initials

1-888-ASK IKON www.ikon.com

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Page 1 of 2

Master Agreement. THIS WILL ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND THIS SCHEDULE AND THE MASTER AGREEMENT AND HAVE RECEIVED A COPY OF THIS SCHEDULE AND THE MASTER AGREEMENT.

3. **Image Charges/Meters:** In return for the Minimum Payment, you are entitled to use the number of Guaranteed Minimum Images as specified in the Payment Schedule of this Agreement. The Meter Reading/Billing Frequency is the period of time (monthly, quarterly, etc.) for which the number of images used will be reconciled. If you use more than the Guaranteed Minimum Images during the selected Meter Reading/Billing Frequency period, you will pay additional charges at the applicable Cost of Additional Images as specified in the Payment Schedule of this Schedule for images, black and white and/or color, which exceed the Guaranteed Minimum Images ("Additional Images"). The charge for Additional Images is calculated by multiplying the number of Additional Images times the applicable Cost of Additional Images. The Meter Reading/Billing Frequency may be different than the Minimum Payment Billing Frequency as specified in the Payment Schedule of this Schedule. You will provide us or our designee with the actual meter reading(s) by submitting meter reads electronically via an automated meter read program, or in any other reasonable manner requested by us or our designee from time to time. If such meter reading is not received within seven (7) days of either the end of the Meter Reading/Billing Frequency period or at our request, we may estimate the number of images used. Adjustments for estimated charges for Additional Images will be made upon receipt of actual meter reading(s). Notwithstanding any adjustment, you will never pay less than the Minimum Payment.

4. Additional Provisions (if any) are: includes IL use tax 

THE PERSON SIGNING THIS AGREEMENT ON BEHALF OF THE CUSTOMER REPRESENTS THAT HE/SHE HAS THE AUTHORITY TO DO SO.

CUSTOMER	Accepted by: IKON OFFICE SOLUTIONS, INC.
By: <u>Jane Hamm</u> Authorized Signer Signature	By: <u>Scott Meyer</u> Authorized Signer Signature
Printed Name: <u>Jane Hamm</u>	Printed Name: <u>Scott Meyer</u>
Title: <u>Business Manager</u>	Title: <u>Avp</u>
Date: <u>3/11/11</u>	Date: <u>3/14/11</u>



STATE AND LOCAL GOVERNMENT
Product Schedule



Document Efficiency
At Work.[®]

A RICOH COMPANY

Product Schedule Number: _____

State and Local Government Master Agreement Number: _____

This Image Management Plus Product Schedule ("Schedule") is made part of the State and Local Government Master Agreement ("Master Agreement") identified on this Schedule between IKON Office Solutions, Inc. ("we" or "us") and Central School District 104, as Customer ("Customer" or "you"). All terms and conditions of the Master Agreement are incorporated into this Schedule and made a part hereof. It is the intent of the parties that this Schedule be separately enforceable as a complete and independent agreement, independent of all other Schedules to the Master Agreement.

CUSTOMER INFORMATION

<u>Central School District 104</u>			
Customer (Bill To) <u>309 Hartmann Ln.</u>			
Product Location Address <u>O'fallon IL 62269</u>			
City <u>O'fallon</u>	County	State <u>IL</u>	Zip <u>62269</u>
Billing Contact Telephone Number <u>618-632-6336</u>	Billing Contact Facsimile Number <u>618-632-0403</u>	Billing Contact E-Mail Address <u>jhamm@central104.org</u>	

PRODUCT DESCRIPTION ("Product")

Qty	Product Description: Make & Model
1	MP 6001 RICOH
1	MP 7001 RICOH
2	MP 5000 RICOH C10037849/C10037850
1	MPC 4000 RICOH C10037848
4	SAC 420 DN RICOH

Qty	Product Description: Make & Model

PAYMENT SCHEDULE

Minimum Term (months) <u>60</u>	Minimum Payment (Without Tax) <u>\$ 11,073.00</u>	Minimum Payment Billing Frequency <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other: _____	Advance Payment <input type="checkbox"/> 1 st Payment <input type="checkbox"/> 1 st & Last Payment <input type="checkbox"/> Other: _____
Guaranteed Minimum Images* <u>405,000</u>	Color <u>9,000</u>	Cost of Additional Images* <u>.007</u>	Meter Reading/Billing Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other: <u>annual</u>

* Based upon Minimum Payment Billing Frequency

* Based upon standard 8 1/2" x 11" paper size. Paper sizes greater than 8 1/2" x 11" may count as more than one image.

Sales Tax Exempt: YES (Attach Exemption Certificate) Customer Billing Reference Number (P.O. #, etc.) _____
Addendum(s) attached: YES (check if yes and indicate total number of pages: _____)

TERMS AND CONDITIONS

1. The first Payment will be due on the Effective Date.
2. You, the undersigned Customer, have applied to us to use the above-described items ("Product") for lawful commercial (non-consumer) purposes. THIS IS AN UNCONDITIONAL, NON-CANCELABLE AGREEMENT FOR THE MINIMUM TERM INDICATED ABOVE. If we accept this Schedule, you agree to use the above Product on all the terms hereof, including the Terms and Conditions on the



Ricoh USA, Inc.

ACCOUNT
NUMBER: 1299788-1014262A4

To avoid late charges, all payments must be received by the due date. Late charges will be added to your invoice consistent with the terms and conditions of your contract.

6B E J

For billing inquiries, please call Customer Service at number printed below. Please refer to account number on all inquiries.

B
I
T
L
O
CENTRAL SCHOOL DISTRICT 104
ATTN: ACCOUNTS PAYABLE
309 HARTMAN LN
O FALLOON
IL 62269-1725

PLEASE CALL 1-800-595-1011 FOR ACCOUNT INQUIRIES

INVOICE NUMBER	94473964
INVOICE DATE	04/03/2015
DUUE DATE	04/28/2015

PREVIOUS BALANCE

MIN. IMAGES: 405,000
ADDITIONAL IMAGES

\$11,073.00
2,018.61 2,018.61

EQUIPMENT DESCRIPTION ON SUMMARY REPORT

CURRENT BILLING PERIOD: 01/28/2015 - 04/27/2015

THIS INVOICE COVERS THREE MONTHS PRIOR TO DUE DATE.

YOUR ACCOUNT IS PAST DUE. PAYMENT IS DUE IMMEDIATELY.

YOU CAN ALSO MANAGE YOUR ACCOUNT ONLINE AT:
WWW.GETMYACCOUNTS.COM

- GO GREEN AND OBTAIN YOUR INVOICE ELECTRONICALLY
- MAKE PAYMENTS
- VIEW ACCOUNT AND PAYMENT HISTORY

1280.36 C
136.25
136.25

CURRENT	30 DAYS	60 DAYS	90 DAYS		THANK YOU FOR YOUR PROMPT PAYMENT	AMOUNT DUE
2,018.61	11,073.00	0.00	0.00			\$13,091.61

RETAIN THIS INVOICE PORTION FOR YOUR RECORDS

DATE: 04/03/2015

MULTI-ASSET BILLING SUPPORT

INVOICE NBR: 94473964

PAGE: 2

CUSTOMER/CONT: 1299788-1014262A4
CUSTOMER NAME: CENTRAL SCHOOL DISTRICT 104
6B E J

CONTRACT ID	DESCRIPTION	CURRENT CHARGE	TOTALS
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3278840	CENTRAL SCHOOL DISTRICT #104 160 SAINT ELLEN MINE RD O FALLOON IL 62269	MP6001 COPIER C10063118	<i>Jan 8</i>
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MODEL	:	AFMP6001	SERIAL: C10063118
METER	FROM:	03/20/2014	TO : 03/19/2015
METER	BEG.:	1,009,999	END : 1,668,907
ADDITIONAL IMAGES			
99,567	0	\$0.00700	696.97 <i>J</i>

3278852	CENTRAL SCHOOL DISTRICT #104 309 HARTMAN LN O FALLOON IL 62269	MP7001 COPIER C10063117	<i>Central</i>
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MODEL	:	AFMP7001	SERIAL: C10063117
METER	FROM:	03/19/2014	TO : 03/18/2015
METER	BEG.:	1,874,539	END : 2,721,277
ADDITIONAL IMAGES			
127,950	0	\$0.00700	895.65 <i>C</i>

3278816	CENTRAL SCHOOL DISTRICT 104 309 HARTMAN LN O FALLOON IL 62269	SPC420DN S3889400397
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3278817	CENTRAL SCHOOL DISTRICT 104 309 HARTMAN LN O FALLOON IL 62269	SPC420DN S3889203552
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3278818	CENTRAL SCHOOL DISTRICT 104 309 HARTMAN LN O FALLOON IL 62269	SPC420DN S3889500217
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3278819	CENTRAL SCHOOL DISTRICT 104 309 HARTMAN LN O FALLOON IL 62269	SPC420DN S3889600657
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2,018.61

RICOH

Ricoh USA, Inc.

DATE: 04/03/2015

MULTI-ASSET BILLING SUPPORT

INVOICE NBR: 94473964

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CUSTOMER/CONT: 1299788-1014262A4
CUSTOMER NAME: CENTRAL SCHOOL DISTRICT 104
6B E J

:::
CONTRACT ID DESCRIPTION CURRENT CHARGE TOTALS
:::

* TOTAL \$13,091.61