

Ricoh: School Pricing

Ricoh MP 3350

- 33 Copies Per Minute Digital Copier
- Scan Once Print Many
- Two 500 Sheet Paper Drawers - Standard
- 50 Sheet Stack Bypass Tray - Standard
- Automatic Trayless Duplexing - Standard
- 50 Automatic Document Feeder – Optional
- Staple/Stacker/Finisher - Optional
- Multi-PDL Network Printer Board - Optional
- Super G3 Fax Board with Battery Backup – Optional
- Two additional 500 Sheet Paper Drawers – Optional
- Stand – (Required if two additional paper trays are not purchased)



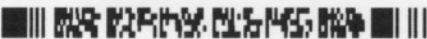
Base Unit plus Cost to add additional features

Base Unit and Accessories	Purchase Price	60 Months
Ricoh MP 3350	\$2,722	\$57.43
Automatic Document Feeder N-1	\$570	\$12.03
Cabinet	\$258	\$5.44
Multi-PDL Printer Kit E-1 (Printing)	\$722	\$16.17
Enhanced Lock Print	Included	Included
Postscript Level 3	\$275	\$5.80
Super G3 Fax Board	\$506	\$10.68
Total Base Unit and Accessories	\$5,053	\$107.55

Service Agreement includes all service, parts, toner, labor, and staples

Cost Per Copy for Service Agreement

Ricoh MP 3350 - \$.0095 per copy



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STATE AND LOCAL GOVERNMENT

Product Schedule

Product Schedule Number: _____

Master Agreement Number: _____

This Schedule ("Schedule") is made part of the Master Agreement ("Master Agreement") identified on this Schedule between IKON Office Solutions, Inc. ("we" or "us") and Todd County Board Of Education, as Customer ("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 Product Schedules to the Master Agreement.

CUSTOMER INFORMATION

TODD COUNTY BOARD OF EDUCATION							
Customer (Bill To) 205 AIRPORT ROAD				Product Location 804 South Main Street			
Address ELKTON TODD KY 42220-9284				Address Elkton Todd KY 42220			
City		County		State		Zip	
Customer Contact Name: Makka Wheeler				Customer Telephone Number: (270) 265-2436		Fax Number/E-mail Address: (270) 265-5414/makka.wheeler@todd.kyschools.us	

PRODUCT DESCRIPTION ("PRODUCTS")

Quantity	Description: Make, Model & Serial Number	Quantity	Description: Make, Model & Serial Number
1	[FOC] RIC COPIER MP3350B		

PAYMENT SCHEDULE

Minimum Term (mos.) 60	Minimum Payment (Without Tax) \$ 107.55	Payment Due: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other	Advance Payment <input type="checkbox"/> Apply to 1 st Month's Pmt. <input type="checkbox"/> Other
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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. The delivery date is to be indicated by signing a separate acceptance form.
2. You, the undersigned Customer, have applied to us to rent the above-described items ("Products") for commercial (non-consumer) purposes. Except with respect to the express non-appropriations rights set forth in the Agreement, **THIS IS AN UNCONDITIONAL, NON-CANCELABLE AGREEMENT FOR THE MINIMUM TERM INDICATED ABOVE.** If we accept this Schedule, you agree to rent the above Product(s) from us, and we agree to rent such Product(s) to you, on all the terms hereof, including the Terms and Conditions on the 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. Additional Provisions (if any) are: _____

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

CUSTOMER

X _____ Title: _____ Date: _____
Authorized Signer

(Authorized Signer's printed name)

Accepted by:
IKON OFFICE SOLUTIONS, INC.

X _____ Title: _____ Date: _____
Authorized Signer

(Authorized Signer's printed name)

IKON

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ADDITIONAL PRODUCT DESCRIPTION



Attachment to a Sales Order/Service Order.

Contact :	Makka Wheeler	Phone Number	(270) 265-2436
Address :	804 South Main Street	Fax Number	(270) 265-5414
City :	Elkton	State :	KY Zip : 42220
		Email	makka.wheeler@todd.kyschools.us

Make / Model / Serial Number	Service Level	Base	B&W Volume	B&W Overages	Color Volume	Color Overages	QTY Add'l Plus Pak
[FOC] RIC COPIER MP3350B	Silver	\$0.00	0	0.0095	0	0	N/A

Contact :		Phone Number	
Address :		Fax Number	
City :		State :	Zip :
		Email	

Make / Model / Serial Number	Service Level	Base	B&W Volume	B&W Overages	Color Volume	Color Overages	QTY Add'l Plus Pak

Contact :		Phone Number	
Address :		Fax Number	
City :		State :	Zip :
		Email	

Make / Model / Serial Number	Service Level	Base	B&W Volume	B&W Overages	Color Volume	Color Overages	QTY Add'l Plus Pak