

## Agreement Between Konica Minolta Business Solutions U.S.A., Inc. and:

Customer	SBCO Arrowhead Regional Medical Center	Sold to ID 228430		0	
Address	400 N. Pepper Ave				
City	Colton	State	CA	ZIP	92324
Invoice Address	400 N. Pepper Ave				
City	Colton	State	CA	ZIP	92324
Customer Email	accountspayable@armc.sbcounty.gov				

## **Monthly Printer Pricing**

Device Description	CPP Pricing	CPP Print Allowance (Volume)	Flat Rate (Price Per Device)	OneRate 2.1 (Price Per Device)	No. of Devices (Quantity)	Base Fee (Price)
Network Color					268	
Network Mono					774	•
Local Color	H.A	Hil				
Local Mono	NjA	n <sub>c</sub> h				
Thermal/Label Printer On-Site Next Business Day Service*	N/A	IN/A			189	
Thermal/Label Printer Advanced Overnight Replacement**	n geh	ng/A				*
Thermal/Label Printer Depot Service**	NA	HUA		·		
Scanner	in/A	i biz &				
MICR Printer			14/4	1. 7		
Specialty						

## For additional pricing, use separate attachment. For initial device inventory, see fleet report detail.

Effective Date	03/01/2022	Term	Through 6/30/23	
P.O. Number (if Required)		PO Expiration Date	***************************************	

## **Covered Sites** – KMBS will provide services on supported products at the listed sites:

Address	Multiple ARMC Sites	Service/Supply Contact	
City		Subnet In	Email
State	ZIP	Subnet Out	Phone
Address		Service/Supply Contact	
City		Subnet In	Email
State	ZIP	Subnet Out	Phone
Address		Service/Supply Contact	
City		Subnet In	Email
State	ZIP	Subnet Out	Phone

For larger lists of covered sites, use separate document (Excel, Word, etc.) and attach.