



Version: 08042017

Valley Office Systems
 Idaho Falls - Pocatello - Twin Falls - Boise
 Jackson WY - Logan UT - Ogden UT

Maintenance Agreement

Ship To

MERIDIAN MEDICAL CHARTER HIGH SCHOOL
 1789 EAST HERITAGE PARK LANE
 MERIDIAN, ID 83646

Contact: 0
 Contact Phone # (208) 855-4075
 Meter Method:
 E-Mail Hill.Scott@westada.org

Bill To

MERIDIAN MEDICAL CHARTER HIGH SCHOOL
 1789 EAST HERITAGE PARK LANE
 MERIDIAN, ID 83646

Date 8/29/2019
 Customer #
 Representative Andy Bowen

Installation and Service Agreement Options

Maintenance Type:	0				
Contract Length (months):	0	Quarterly Base Billing Amount:	\$	294.00	
Contract Start Date:					

Item	Base Rate	Base Allowance	Frequency Billed	Overage	Frequency Billed
B/W	0.0049	60000	Quarterly	0.0049	Quarterly
Color	0.059	0	Quarterly	0.059	Quarterly
B/W Printer	0	0		0	
Color Printer	0	0		0	

If wide-format, billing is per Square foot / Linear Foot

Make/Model	Serial Number	Estimated Monthly Volume:		B/W Start Meter	Color Start Meter
		ID Number			
MX-5070N	0				
MX-5070N	0				
MX-5070N	0				
MX-5070N	0				
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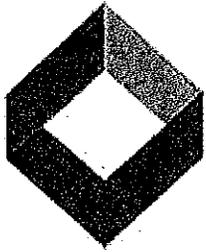
Contract Type	<input type="checkbox"/> CPC CONTRACT <input checked="" type="checkbox"/> CPC COLOR CONTRACT <input type="checkbox"/> SERVICE CONTRACT	<p>Contract includes all parts, labor, service drums and supplies. Includes developer and toners. Excludes only paper & staples.</p> <p>Contract includes all parts, labor, service drums and supplies. Includes developer, black and color toners. Excludes only paper & staples.</p> <p>Contract includes all parts, labor and service. Excludes all toners.</p>
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By executing this agreement, I acknowledge that I have read and understand this agreement and I certify that I am authorized to execute this agreement on behalf of customer. Authorized signature acknowledges terms / conditions and expiration dates or meter readings. The terms and conditions on the front & back of this agreement correctly set forth the entire agreement between parties.

Customer Acceptance		Valley Office Systems Representative	
Authorized Signature/Date	Print Name	Signature	Date
	D. Earnest		

TERM: This contract is for twelve (12) months from inception and is automatically renewed for successive twelve (12) month periods unless written cancellation notice is received by either party thirty (30) days prior to the end of the current term. In order to continue providing quality service, the cost of the Maintenance Agreement may be escalated on the anniversary date upon renewal. The contract will not be increased more than fifteen percent upon renewal. Early termination of this agreement may take place; however, the following fees will be collected if cancellation takes place between:

1 - 4 months: 4 times monthly minimum amount of contract
 5 - 8 months: 3 times monthly minimum amount of contract
 9 - 12 months: 2 times monthly minimum amount of contract



valley
OFFICE SYSTEMS
copy | print | scan | fax

2050 1st ST Idaho Falls, ID 83401
P: 208-529-2777 F: 208-529-0135

PACKING LIST

S.O. Date: 8/30/19
S.O. Number: S0166921
Printed Date: 9/4/2019 10:43:30AM
Entered by: tkolsen

Bill To: CIT BANK NA
10201 CENTURION PARKWAY N #100
JACKSONVILLE, FL 32256-4100

Ship To: MERIDIAN MEDICAL ARTS CHARTER HIGH SCHOOL
1789 EAST HERITAGE PARK LANE
MERIDIAN, ID 83646

Account Number	Payment Terms	P.O. Number	Ship Method	Date Required
C10	NET 30	1639081		8/30/19
Remarks				Sales Person
CONTACT: DAWNETTA EARNEST 208-855-4075				Andy V Bowen

Agreement # _____ You hereby certify that all of the equipment listed below and subject to the above referenced Agreement: 1) I
been received, installed and inspected, and 2) is fully operational and unconditionally accepted.

Item Number	Description	Serial No	UM	Ordered	Cancelled	B/O	Prev Shipped	Shipped
MX5071	SHARP MX-5071 COLOR COPIER		EA	1	0	0	1	0
MXFX15	SHARP MX-FX15 FAX EXPANSION		EA	1	0	0	1	0
MXFN27N	SHARP MX-FN27N INNER FINISHER		EA	1	0	0	1	0
MXDE28N	SHARP MX-DE28N TANDEM PAPER DRAWER 2,100 SHEET		EA	1	0	0	1	0
MXFN27	SHARP MX-FN27 INNER FINISHER		EA	1	1	0	0	0
MXDE28	SHARP MX-DE28 TANDEM PAPER DRAWER 2,100 SHEET		EA	1	1	0	0	0

Signature _____

Date 9.4.19

Print Name D Earnest

Title Principal

AGREEMENT

Valley Office Systems
Ph. 208-529-2777
Fax 208-529-0135



AGREEMENT NO.:

CUSTOMER ("YOU" OR "YOUR")

FULL LEGAL NAME: **MERIDIAN MEDICAL ARTS CHARTER HIGH SCHOOL INC** FEDERAL TAX ID #:

ADDRESS: **1789 E LEIGHFIELD DR** **MERIDIAN ID 83646**

EQUIPMENT AND PAYMENT TERMS

TYPE, MAKE, MODEL NUMBER, SERIAL NUMBER, AND INCLUDED ACCESSORIES SEE ATTACHED SCHEDULE

SHARP MX5071

EQUIPMENT LOCATION: **As Stated Above** (*PLUS TAX)

TERM IN MONTHS: **60** MONTHLY PAYMENT AMOUNT: **\$159.00**

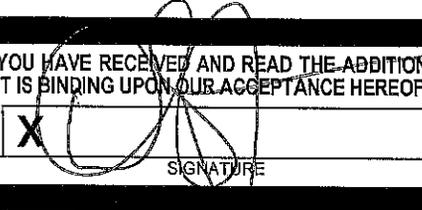
SECURITY DEPOSIT:

CONTRACT

THIS AGREEMENT IS NON-CANCELABLE AND IRREVOCABLE. IT CANNOT BE TERMINATED. PLEASE READ CAREFULLY BEFORE SIGNING. YOU AGREE THAT THIS AGREEMENT AND ANY CLAIM RELATED TO THIS AGREEMENT SHALL BE GOVERNED BY THE INTERNAL LAWS OF THE STATE IN WHICH OUR (OR, IF WE ASSIGN THIS AGREEMENT, OUR ASSIGNEE'S) PRINCIPAL PLACE OF BUSINESS IS LOCATED AND ANY DISPUTE CONCERNING THIS AGREEMENT WILL BE ADJUDICATED IN A FEDERAL OR STATE COURT IN SUCH STATE. YOU HEREBY CONSENT TO PERSONAL JURISDICTION AND VENUE IN SUCH COURTS AND WAIVE TRANSFER OF VENUE. EACH PARTY WAIVES ANY RIGHT TO A JURY TRIAL.

CUSTOMER'S AUTHORIZED SIGNATURE

BY SIGNING THIS PAGE, YOU REPRESENT TO US THAT YOU HAVE RECEIVED AND READ THE ADDITIONAL TERMS AND CONDITIONS APPEARING ON THE SECOND PAGE OF THIS TWO-PAGE AGREEMENT. THIS AGREEMENT IS BINDING UPON OUR ACCEPTANCE HEREOF.

(As Stated Above)  CUSTOMER SIGNATURE PRINT NAME & TITLE DATE

OWNER ("WE", "US", "OUR")

Valley Office Systems OWNER SIGNATURE PRINT NAME & TITLE DATE

2050 1st St, Idaho Falls, ID 83401-4469

UNCONDITIONAL GUARANTY

The undersigned, jointly and severally if more than one, unconditionally guarantee(s) that the Customer will timely perform all obligations under the Agreement. The undersigned also waive(s) any notification if the Customer is in default and consent(s) to any extensions or modifications granted to the Customer. In the event of default, the undersigned will immediately pay all sums due under the terms of the Agreement without requiring us or our assignee to proceed against Customer or any other party or exercise any rights in the Equipment. Within 30 days after our request, you will deliver all requested information (including tax returns) which we deem reasonably necessary to determine your current financial condition and faithful performance of the terms hereof. The undersigned authorizes us or our assignee to obtain credit bureau reports for credit and collection purposes and to share them with our affiliates and agents. THE UNDERSIGNED, AS TO THIS GUARANTY, AGREE(S) TO THE DESIGNATED FORUM AND CONSENT(S) TO PERSONAL JURISDICTION, VENUE, AND CHOICE OF LAW AS STATED IN THE AGREEMENT, AGREE(S) TO PAY ALL COSTS AND EXPENSES, INCLUDING ATTORNEY FEES, INCURRED BY US OR OUR ASSIGNEE RELATED TO THIS GUARANTY AND THE AGREEMENT, WAIVE(S) A JURY TRIAL AND TRANSFER OF VENUE.

SIGNATURE: **X** INDIVIDUAL: DATE:

SIGNATURE: **X** INDIVIDUAL: DATE:

CERTIFICATE OF DELIVERY AND ACCEPTANCE

The Customer hereby certifies that all the Equipment: 1) has been received, installed, and inspected, and 2) is fully operational and unconditionally accepted.

SIGNATURE: **X** NAME AND TITLE: DATE:

