

State of Michigan MiDeal Dealer Order Form

Customer MiDeal Member # 110	Requested Delivery Date: 11/6/2024	Order Type <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Purchase	Dealer (Consignee) Cooper Office Equipment, Inc.	State of Michigan Contract # 171-18000000365
City of Gladstone (Sold-To)	City of Gladstone (Invoice-To)	City of Gladstone Equipment Location (Ship-To)	Cooper Office Equipment, Inc.	Konica Minolta Business Solutions U.S.A, Inc.
1100 Delta Avenue Gladstone, MI 49837	1100 Delta Avenue Gladstone, MI 49837	1100 Delta Avenue Gladstone, MI 49837	7008 U.S. 2 & 41 & M35 Gladstone, Michigan 49837	Care Of Cooper Office Equipment, Inc. DEPT CHI 19188
Eric Buckman	Eric Buckman	Eric Buckman	Stephen Eagle eagle@cooperoffice.com	Palantine, IL 60555-9188 som@kmb.konicaminolta.us
Phone: (906) 428-2311	Phone: (906) 428-2311	Phone: (906) 428-2311	Phone: 906-786-2252	Phone: 734-864-1182
Fax: (906)-428-3122	Fax: (906)-428-3122	Fax: (906)-428-3122	Fax: 906-786-2285	

Qty	Item Number	Item Description	Unit Cost	Total Cost
1	ADXF011	Bizhub C551i with DF-713	\$5,325.26	\$5,325.26
1	A87JWY5	RU513 Relay Unit Required for Finisher	\$62.32	\$62.32
1	AAR4WY3	FS539 50-Sheet finisher stapling/sorting/external stapling	\$547.40	\$547.40
1	AAV5019	PC416 2,500-Sheet letter size paper tray base	\$715.31	\$715.31
1	A883012	FK514 Super G3 Fax Kit	\$325.26	\$325.26
1	7670525507	7670525507 MFP Delivery Charge - Level Two	\$0.00	\$0.00
1	7640015657	BS Bizhub Secure	\$250.00	\$250.00
1	7640018094	BNS-04 Basic Network Service - BNS04	\$0.00	\$0.00
1	ACV1430	TN626C Cyan Toner	\$0.00	\$0.00
1	ACV1330	TN626M Magenta Toner	\$0.00	\$0.00
1	AAVA0Y1	WX107 Waste Toner Box	\$0.00	\$0.00
1	ACV1230	TN626Y Yellow Toner	\$0.00	\$0.00
1	ACV1130	TN626K Black Toner	\$0.00	\$0.00
1	14YK	SK602 Box of 3 x 5,000 Staples - 15,000 Total	\$0.00	\$0.00
Total:				\$7,225.55

Maintenance Agreement Terms			Additional Tab(s) Total:	\$0.00
Term:			Equipment Order Total:	\$0.00

Device Model	Type	Minimum Volume	Cost Per Copy Rate	Overage Cost Per Copy Rate
Non Maintenance				

P.O. YES NO P.O. #: _____

Billing Frequency: _____

Invoice Delivery: Standard Mail Email
 Email Address: _____

*NOTE: If Standard Mail is chosen, invoices will be mailed to the Invoice-To address indicated above or on P.O.

Special Instructions or Comments:
 DO NOT CHARGE THIS CUSTOMER SALES TAX - SEE TAX EXEMPTION FORM! Location Name of City of Gladstone MUST be on ALL invoices for proper billing or Konica may not get paid correctly and/or on time.

Authorized Signature: Eric W Buckman Date: 10-7-24
 Title: City Manager

Michigan Sales and Use Tax Certificate of Exemption

This exemption claim should be completed by the purchaser, provided to the seller, and is not valid unless the information in all four sections is complete. Do not send a copy to Treasury unless one is requested.

SECTION 1: TYPE OF PURCHASE

 Check one of the following:

A. One-Time Purchase
Order or Invoice Number: _____

C. Blanket Certificate
Expiration Date (maximum of four years): _____

B. Blanket Certificate. Recurring Business Relationship

The purchaser completing this form hereby claims exemption from tax on the purchase of tangible personal property or services purchased from the seller named below. This claim is based upon: the purchaser's proposed use of the property or services; OR the purchaser's exempt status.

Seller's Name and Address

Konica Minolta Business Solutions, 500 Day Hill Rd, Windsor, CT 06095

SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

Check one of the following:

- All items purchased.
- Limited to the following items: _____

SECTION 3: BASIS FOR EXEMPTION CLAIM

Check one of the following:

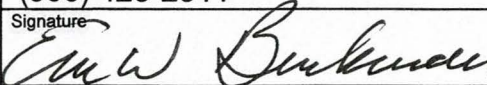
- For Lease. Purchaser will lease the property and elects to pay tax based on rental receipts. Enter sales tax license or use tax registration number: _____
- For Resale at Retail. Enter Sales Tax License Number: _____
- Direct Pay - Authorized to pay use tax on qualified transactions directly to Michigan Treasury under account number: _____

The following exemptions DO NOT require the purchaser to provide a number:

- Agricultural Production. Enter percentage: _____%
- Government Entity (U.S. or its instrumentalities, State of Michigan or its political subdivisions), Nonprofit School, Nonprofit Hospital, Church or House of Religious Worship (circle type of organization)
- Contractor (provide Michigan Sales and Use Tax Contractor Eligibility Statement (Form 3520)).
- For Resale at Wholesale.
- Industrial Processing. Enter percentage: _____%
- Nonprofit Internal Revenue Code Section 501(c)(3), 501(c)(4), or 501(c)(19) Exempt Organization.
- Nonprofit Organization with an authorized letter issued by Michigan Department of Treasury prior to July 17, 1998 (sales tax) or June 13, 1994 (use tax).
- Rolling Stock purchased by an Interstate Motor Carrier.
- Other (explain): _____

SECTION 4: CERTIFICATION

I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.

Business Name City of Gladstone		Type of Business (see codes on page 2) 05
Business Address 1100 Delta Avenue		City, State, ZIP Code Gladstone, Michigan, 49837
Business Telephone Number (include area code) (906) 428-2311		Name (Print or Type) Eric Buckman
Signature 	Title City Manager	Date Signed 10/07/2024