IKON Document Efficiency At Work.
A RICOH COMPANY

IKON Office Solutions, Inc.
70 Valley Stream Parkway
Malvern, PA 19355

Equipment Exchange Amendment

(*without change to minimum term or monthly payment*)

AMENDMENT ("Amendment"), dated as of the ____ day of _____, 20___, to that certain agreement no. _____ - _____ ("Agreement") between IKON Office Solutions, Inc. ("us") and West Lafayette, city of _____, as customer ("Customer" or "you"). All capitalized terms used but not defined in this Amendment will have the meanings given to them in the Agreement. Except to the extent modified by this Amendment, the terms and conditions of the Agreement will remain unchanged and shall continue in full force and effect and both parties hereby ratify and confirm their respective obligations under the Agreement, as amended herein.

Customer Information:

Customer Name: West Lafayette, City of

Address: 609 W. Navajo Dr.

City: W. Lafayette County: Tippecanoe State: IN Zip: 47906

Equipment Change:

ADD:

Qty	Make/Model	Serial #
1	Ricoh MP4000SP	
1	Ricoh MP171SPF	

REMOVE:

Qty	Make/Model	Serial #
1	Ricoh MP5000SP	C24026499

Minimum Term and Monthly Payment Amount: There will be no change to the minimum term or minimum monthly payment required under the Agreement.

CUSTOMER

X_____
Authorized Signature Date

_____
Print Authorized Signer Name Title

IKON Office Solutions, Inc.

_____
Authorized Signature Date

_____
Print Authorized Signer Name Title

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IKON Document Efficiency At Work.™

Equipment Exchange Agreement

IKON Area Name: Phone #
Address: Fax #

Order #	
Date:	
FSM Name :	
Sales Rep Name:	

SHIP TO	Account #	Reason for the swap: Could Not Scan to Seperate Networks
Company: West LaFayette, City of		
Contact: Judith Rhodes	e-mail:	
Title: Clerk		CUSTOMERS EQUIPMENT (RMA REQUIRED)
Address: 609 W. Navajo Dr.	Suite/Floor:	Model: Ricoh MP5000 / Serial: C2402 6499 / Meter
Address:	County: Tippecanoe	Contract number: / Orig Invoice#:
City: W. LaFayette	State: IN / Zip+4: 47906	Deinstall S.R. Required? ☐ Yes ☐ No / Orig Install Date:
Phone # 765.775.5150	Fax #	If at repair site, location:
IKON Financial Services Lease Number:		11' X 17' (Refer to Original Contract) ☐ Double Click ☐ Single Click

EQUIPMENT DELIVERY OR LOANER CONVERSION - Swap for Loaner? ☐ Yes ☐ No

Product #	Model	Description	Serial #	Meter	Install S.R. Reqd?
See Attachment					☐ Yes ☐ No

All Equipment Swaps must be reviewed by the Area Vice President or ADFO to determine which organization (Sales or Service) is responsible for absorbing the equipment cost.

Organization Responsible for Equipment Cost: (Indicate any splits)		Special Equipment Disposition Instructions:
Area Vice President or ADFO Signature:	Date	
Area Vice President or ADFO Name (please print):	Title	

EQUIPMENT DELIVERY INFORMATION

Date Requested: ASAP	Time Requested Preference: ☒ AM ☐ PM ☐ None	Contact Information Judith Rhodes
Delivery Logistics		Name:
☐ Deliver to Loading Dock	☐ Elevator Available # of Stairs:	Phone # 765.775.5150 / Fax #
☒ Stair Climbing Equipment Needed	8-10	e-mail address: clerk@westlafayette.in.gov

OUTBOUND SHIPPING INSTRUCTIONS

CUSTOMER EQUIPMENT RMA SHIPPING INSTRUCTIONS

COPIER/PRINT SYSTEMS EQUIPMENT EXCHANGE TERMS

This Agreement confirms the exchange of the above-referenced item(s) of equipment. Customer agrees to such exchange and acknowledges that, in consideration of the exchange, neither IKON nor IKON Financial Services, nor any of their permitted successors or assigns, shall have any further obligation of any kind with respect to the exchanged equipment. The exchange shall not impair or alter in any manner any of the service, sale, lease, rental or other payment and related obligations of Customer owing to IKON, IKON Financial Services or any permitted successors or assigns in respect of the exchanged equipment arising prior to the effective date of the exchange, or with respect to the replacement equipment arising on and after the effective date of the exchange. The provision of such replacement equipment shall be governed solely by the terms and conditions of the service, sale, lease and/or rental agreement applicable to the exchanged equipment as if such replacmenet equipment was the original item of equipment provided thereunder. There will be no change to the minimum term or payment required under the IKON Financial Services Lease Agreement referenced above and, except for the equipment exchange described herein, all terms and conditions of such Lease Agreement will remain unchanged and shall continue in full force and effect.

Authorized Customer Approval Signature	Date	Area Director of Sales or Service Signature *:	Date
Name (please print)	Title	(* - Director Sig. req'd. depending on the Org. to be charged. ADFO or AVP can sign; but can't be the same Area Leader- ADFO or AVP, who signed in the 1st section of this agreement. This form requires two different IKON signatures.	
Accepted in Macon, Georgia by: IKON Financial Services Authorized Signer		Title	Date

Attachment for Equipment Exchange Agreement

MP4000SP	**MP4000SP**
Paper Feed	**414132**
Bridge Unit	**414175**
Finisher SR3030	**413325**
Hole Punch	**412209**
Fax	**414382**
ESP	**D5133NT**
MP171spf	**MP171SPF**
ESP	**D5133NT**

Singature _____

Printed Name _____

Title _____

Date _____

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SALES ORDER / SERVICE ORDER

Master Sale Agreement Date	
Master Maintenance Agreement Date	
Master Maintenance and Sale Agreement Date	

CUSTOMER INFORMATION

Legal Name	West Lafayette, City of				Contact	Judith Rhodes			
Bill To Address	609 West Navajo Drive				Install Address	Same			
City	West Lafayette	State	IN	Zip	47906	City		State	Zip

This is an Order made pursuant and subject to the terms and conditions of the above referenced Master Agreement(s) between Customer and IKON Office Solutions, Inc. The signature below indicates that the Customer accepts all terms and conditions of the applicable Master Agreement(s) for this sale, including but not limited to the terms and conditions set forth in the Master Agreement(s) and any Exhibit A thereto, all of which are incorporated herein by reference and made part of this Order. This Order is not valid unless and until signed by an Authorized Manager of IKON Office Solutions, Inc.

PRODUCT DESCRIPTION

Make / Model / Serial Number	Service Level
Ricoh MP171SPF	Silver
Ricoh MP4000SP	Gold

Check all that apply

- [ ] Additional Product Description page(s) attached
- [x] Professional Services fees included
- [ ] Fixed Service Charge
- [x] Sales Tax Exempt (*Must attach valid Exemption Certificate)

EQUIPMENT CHARGES

Total Product Purchase Price
Excludes Tax

SERVICE CHARGES

For Gold, Silver and Bronze

Total Service Charges *Per Billing Frequency*	Minimum Term	Guaranteed Minimum Volume *Per Billing Frequency*		Cost of Additional Images		
$720	60 Mos	B&W	120,000	B&W	.006	annual
Billing Frequency		Color		Color		

Additional Provisions	Total Service Charge consists of a shared volume for both the Ricoh MP4000 and Ricoh MP171SPF

CUSTOMER		IKON OFFICE SOLUTIONS, INC.	
Authorized Signature		Authorized Signature	
Signature Printed Name		Signature Printed Name	
Title		Title	
Date		Date	