Fed Tax# 13-1921089
Corporate Duns No 00-170-7322
Federal Duns No 62-657-8041

Maintenance

KONICA MINOLTA

ORIGINAL SUMMARY INVOICE

Invoice No: 9003712460

Invoice Date: 07/25/2017

Payment Due Date: 08/24/2017
Payment Terms are NET 30 DAYS

Bill / Mail To: 1447768
MANDATORY POSTER AGENCY INC
MR JOSEPH FATA
5859 W SAGINAW HWY #E
LANSING MI 48917

Payer: 1447768
MANDATORY POSTER AGENCY INC
MR JOSEPH FATA
5859 W SAGINAW HWY #E
LANSING MI 48917

Purchase Order Number	Customer Contract	Contract Coverage Dates
		10/26/2016-10/25/2017

Invoice Comments

Summary Invoice Coverage Periods

06/26/2017-07/25/2017

Invoice Sub Total:	2,437.36
Tax Total:	0.00
Invoice TOTAL:	**$ 2,437.36**

PLEASE DETACH THE FORM BELOW AND RETURN WITH YOUR PAYMENT OR SEE CREDIT CARD INFORMATION ON BACK

Please pay online at www.MyKMBS.com using your payer id or remit payment to:

KONICA MINOLTA BUSINESS SOLUTIONS
USA INC
DEPT. CH 19188
PALATINE IL 60055-9188

Payer ID: 1447768

Invoice Nbr: 9003712460

Payment Due Date: 08/24/2017

Pay This Amount: $ 2,437.36

For Administrative Use Only
40061423 Maintenance 1447768 9003712460
1 MON/MON 1 722

Konica Minolta Business Solutions U.S.A., Inc.

BILLING AND PAYMENT INQUIRIES

Please contact our CUSTOMER HELP DESK if you have any questions pertaining to:

Billing or Account Status
Address Changes
Payment by Credit Card (See Below)

TELEPHONE NO. :	248-883-6020
E-MAIL ADDRESS :	AuburnHillsAdm@kmbs.konicaminolta.us
FAX NO. :	248-457-0863
or WRITE US AT :	AUBURN HILLS 2851 HIGH MEADOW CIRCLE SUITE 170 AUBURN HILLS,MI 48326 KONICA MINOLTA BUSINESS SOLUTIONS

Our Customer Service Representatives are available to assist you weekdays from 8:30 AM to 5:00 PM. Be sure to include your Account Name, Account Number and Invoice Number on all correspondence.

Address Changes

Payer

Account No. 1447768 ______________________________

Company Name ______________________________

Company Address ______________________________
____
____
____

(Fax or Mail to the above Address)

Signature: ______________________ Date: ______________

Title ______________________

You are not required to pay any disputed amount pending the resolution of the billing discrepancy inquiry. Payment is still required for undisputed charges that are billed to you. Disputes must be reported in writing within 30 days of receipt of this invoice. Thank You!

TO ORDER SUPPLIES OR PLACE SERVICE CALLS SEE US AT WWW.MYKMBS.COM

PLEASE PAY ON LINE AT **www.MyKMBS.com** USING YOUR **PAYER ID #1447768**
OR CALL US DIRECTLY AT THE NUMBER ABOVE

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MANDATORY POSTER AGENCY INC
MR JOSEPH FATA
5859 W SAGINAW HWY #E
LANSING MI 48917

Summary of Invoice Charges

Invoice 246549896 — **Unit Contract:** 60964323

KIP C7800 PRODUCTION PRINT SYSTEM — 12501117 — Quantity: 1

Current Meter	Previous Meter	Meter Usage	Allowable	Svc. Crd	Aggregate Credits	Tier Range	Quantity	Unit Charge	Bill Amount
504 B&W Meter	502	2 Estimate	0	0	0	999,999,999	2	0.03860	0.08
2,904,815 Color Meter	2,841,673	63,142 Estimate	0	0	0	999,999,999	63,142	0.03860	2,437.28

Invoice Sub Total:	2,437.36
Tax Total:	0.00
Invoice Total:	**$ 2,437.36**

Invoice Description / Comments

Monthly invoice for Maintenance agreement covering the billing period of 06/26/2017 - 07/25/2017.

Purchase Order Number		Equipment Location 1447768
		MANDATORY POSTER AGENCY INC 5859 W SAGINAW HWY #E LANSING MI 48917
Customer Contract	**Contract Coverage Dates**	
	10/26/2016-10/25/2017	

Sort by: MACHINE DESCRIPTION — **Sort Invoice Sub Total:** 2,437.36

Sort Value: KIP C7800 PRODUCTION PRINT SYSTEM — **Sort Tax Total:** 0.00

Sort Meter Usage Sub Total: 63,144 — **Sort Invoice Total:** $ 2,437.36

Total Meter Usage: 63,144 — **Total Number of Invoices Included:** 1 — **Sub Total:** 2,437.36

0.00
$ 2,437.36