

# Copier/MFD Order Form – Contract 17010701

New Device/Accessory  
 Device Removal

Terms: (60 month pricing) Through December 31, 2027

SumnerOne [www.sumnerone.com](http://www.sumnerone.com) 8058 Flint, Lenexa KS 666215 (913)599-0913 For service or supplies, contact: (913) 599-0299, (888) 253-0299, ksservice@sumnerone.com Please complete an order for each copier.

Current Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_ # of copies/year: \_\_\_\_\_

Current Model Optional Features: \_\_\_\_\_

Agency: \_\_\_\_\_ Department \_\_\_\_\_ Location (bldg & room): \_\_\_\_\_

Contact: \_\_\_\_\_ PH: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ PH: \_\_\_\_\_ Email: \_\_\_\_\_

Dept. Technical Liaison: \_\_\_\_\_ PH: \_\_\_\_\_ Email: \_\_\_\_\_

Model: \_\_\_\_\_ Location for installation: Building Name: \_\_\_\_\_ Room: \_\_\_\_\_

Address: \_\_\_\_\_

Total Monthly lease cost: \_\_\_\_\_ Special installation instructions: \_\_\_\_\_

Accessories	Add	Remove
Additional Paper Drawers (2 x 500 sheets)		
Additional Paper Drawer (1 x 2500 sheets)		
Large Capacity Paper Tray (3000 sheets)		
Basic Office Finisher (50 sheet Staple)		
ADD 2/3-Hole Punch Kit		
ADD Saddle Stitch Kit		
Advanced Office Finisher (100 sheet staple)		
ADD 2/3-Hole Punch Kit		
ADD Saddle Stitch Kit		
Internal Wing Finisher		
ADD 2/3-Hole Punch Kit		
Fax Kit, Single Line		
Additional Fax Line, add up to 4/copier (cost/line)		
Power Protection Unit / Surge Protection		
Keyboard		
Card Reader		

MAC address must to be provided at least 24 hours in advance so IP address can be assigned by agency IT dept.

### Department Technical Liaison to complete the following section:

Is the new device located within 20 ft of an active data circuit and can it be connected without creating safety issues or requiring new construction? YES\*: \_\_\_\_\_ Circuit ID, Jack # and/or MAC Address: \_\_\_\_\_ NO\*\*: \_\_\_\_\_

\* If YES, is this active data circuit currently in use? YES: \_\_\_\_\_ NO: \_\_\_\_\_ (if it is in use, please arrange for the device in use to be removed 24 hours before installation of the new copier) \*\* If NO, you must request a new data circuit.

Signature: \_\_\_\_\_

I hereby acknowledge that this order is being placed under the terms of contract 17010701 and further certify that I have the authority to order.

**Please send the completed form to the Purchasing Office.**

### For Purchasing Use Only:

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Send Back for Reconsideration: \_\_\_\_\_

Approved by IT (if required): \_\_\_\_\_ Date: \_\_\_\_\_