***SCHEDULE (Part I)***

***EQUIPMENT PURCHASE and MAINTENANCE ORDER***

Member agrees to purchase the equipment listed on the attached EQUIPMENT PURCHASE AND MAINTENANCE ORDER SCHEDULE (Part II) and to use the services of Toshiba for the purposes of providing Maintenance Services on the new Equipment identified on this Schedule. Such Maintenance Services shall be in accordance with the terms and conditions of the MPSA which are incorporated into this MPSA Order and Schedule. Member’s acceptance of this Equipment Purchase Schedule either by signature or Purchase Order shall be authorization for Toshiba’s delivery and performance of the MPS Services.

**CUSTOMER INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Customer Purchase Order Number | Date | Agreement Number | Member No. |
| Maintenance Agreement Term  1year  2 year  3 year  4 year  5 year. | | Agreement Term  Start       End  e | |

**BILL TO INFORMATION EQUIPMENT LOCATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Customer Name       Department | | | Customer Name | Customer Name       Department | | |
| Street | | | Street | | | |
| City | State | Zip Code | City | | State | Zip Code |
| Contact Name | Fax Number | | Contact | | Fax Number | |
| Telephone Number | Fax Number | | Telephone Number | | Fax Number | |
|  | | | | | | |
| **ORIGINATING DEALER** | | | **SERVICING DEALER** | | | |
| Dealership Name | | | Dealership Name | | | |
| Street: | | | Street: | | | |
| City | State | Zip Code | City | | State | Zip Code |
| Contact Name | Fax Number |  | Contact Name | | Contact Title | |
| Telephone Number | Fax Number |  | Telephone Number | | Fax Number | |

|  |  |  |
| --- | --- | --- |
| Billing Cycle  Monthly  Other |  | Billing Performed by: **Toshiba bills the customer; Toshiba pays all Servicing Providers**  **Other** |
| Billing Format  Per Machine  Consolidated Bill (Grouped by PO) | De-Centralized Billing (**Each billing entity must sign separate Maintenance Schedule)** | |
| Additions will be  Coterminous |  | Tax Exempt *(if multiple locations, indicate on P.O. for each state)*  Yes No If YES, Certificate Number: |
| Meter Read **Submitted By Customer**: |  | Customer P.O. Required? (If Yes, Attach Purchase Order)  Yes  No |
| E:bridge  FMAudit  E:meters online (Web) |
| Special Instructions: | | |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Signature on this page indicates acceptance of the Maintenance Plan terms and conditions set forth in the MPSA.*** | | | |
| **Name** |  | **Title** |  |
| **Signature** |  | **Date** |  |



***SCHEDULE (Part II)***

***EQUIPMENT PURCHASE and MAINTENANCE ORDER***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***MODEL*** | | ***DESCRIPTION*** | ***QTY*** | | ***UNIT PRICE*** | ***EXTENDED PRICE*** | ***B/W***  ***CPC*** | ***Color***  ***CPC*** | ***LOCATION*** |
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|  |  | | | **IF ADDITIONAL SPACE IS NEEDED TO LIST ALL EQUIPMENT, PLEASE ADD MORE COPIES** | | | | | | |  |
| \* Serial Number of Trade-in: | | | **LESS TRADE-IN \***  **LESS DISCOUNT**  **TOTAL INSTALL**  **TOTALS \*\*** | | |  |  |  |  | |  |
|  | | |  | | |  |  |  |  | |  |
| \*\* Exclusive of sales tax, if applicable: | | |  | | |  |  |  |  | |  |
|  | | |  | | |  |  |  |  | |  |