**Copier order form – Contract 17010701**

Terms: 60 months to December 31, 2022

SumnerONE/Unisource Document Products (UDP) www.udpcorp.com 8058 Flint, Lenexa KS 666215 (913)599-0913

For service or supplies, contact: (913) 599–0299, (888) 253-0299, [www.udpcorp.com](http://www.udpcorp.com) or service@udpcorp.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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



UDP 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.



Your selection will be evaluated based on the number of copies made previously with equipment capabilities.

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_