

KONICA MINOLTA SERVICE AGREEMENT

END USER LOCATION

KMHA Account #:	BILL TO ADDRESS	Check if same as End User Location
Account Name:	Account Name:	
Address:	Address:	
City, State, Zip:	City, State, Zip:	
Main Phone:	Main Fax:	
Contact Name:	Contact Phone:	
Contact Title:	Contact Email:	

Konica Minolta and 20/20 Imaging offers varying levels of support for your business needs. From unlimited phone technical support to cloud backup, we are confident that you will find value among our service offerings at affordable rates.

Don't wait! Get coverage with us today in **3 Easy Steps!**

Return this form to support@2020imaging.net
or via our secure fax: **815.425.9310**

Step 1: Plan Selection

A) Technical Support - Software Only

Term	Annual Payment
1 Year	<input type="checkbox"/> \$1,200
3 Year	<input type="checkbox"/> \$960
5 Year	<input type="checkbox"/> \$768

Save 36%

B) One-time Technical & Service Support T&M Rate

\$450 /per hour
You will be billed the standard hourly rate of \$300
for this support call, with a 1-hour minimum charge.

Step 2: Payment Method

- Full payment of \$____ payable to **Konica Minolta Healthcare Americas** is enclosed. Checks are ONLY accepted if paying in full. See Remit to Address below.
- I will provide credit card payment over the phone.
- Contact me for credit card payment
- PO attached. PO # _____
- Invoice Me

Step 3: Signature

This Service Agreement is made effective the last date of signature below (the "Effective Date") and shall end no later than the indicated term indicated herein. Cloud Backup is effective upon cloud backup installation. Cancel anytime with no cancellation fees. For complete terms and conditions visit: <https://www.2020imaging.net/support/self-help/agreements.html>

Customer

Authorized Signature _____

Print Name _____

Date _____

Konica Minolta's Easy Renewal Program

Yes, please enroll me in Konica Minolta's Easy Renewal Program, a simple & seamless transition that allows for business continuity and zero disruption in continued service support. I authorize Konica Minolta to renew my service contract on the anniversary expiration date at the current prevailing rate and indicated payment terms set forth in this agreement. At any time, I may cancel the auto-renewal feature by providing KMHA at least sixty (60) days in advance in writing.

Please have your sales representative contact me to upgrade my **software**.

Please have your sales representative contact me to upgrade my **hardware**.

REMIT TO ADDRESS:

KONICA HEALTHCARE AMERICAS, INC.

DEPT CH 10897

Palatine, IL 60055-0897

KONICA MINOLTA HEALTHCARE AMERICAS
411 Newark Pompton Tpke. | Wayne, NJ 07470 | Phone: 800-934-1034 | Fax: 973-633-1012
2217 US HWY 70 East | Garner, NC 27529 | Phone: 800-366-5343 | Fax: 919-869-1957

Service Plan Descriptions

Technical Support – Software Only

Standard Business Hours Monday – Friday (9am-6pm EST) technical phone and remote support

Assists with any operational support or performance anomaly. Our call centers take advantage in the latest remote technologies to streamline support. When available, software updates – minor improvements and enhancements – are administered remotely. Includes Opal software re-install to bring site back up and running, where applicable.

Coverage Details	Technical Support – Software Only
• Technical Support – Software Only	✓
Standard Business Hours (Monday-Friday 9am-6pm EST)	
• Remote software updates	✓
• Konica Minolta trained and authorized support technicians	✓
• Convenient payment options	✓
• Risk-free cancellations	✓

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