

# Managed Document Services Agreement

Shaded areas for in-house use only

**xerox**™ Business Solutions Southwest

Order Date:	Contract No:	Customer No:	Effective Date:	SK Trans #
<b>Service Location:</b> <input type="checkbox"/> Multiple Locations (use Location Schedule)			<b>Bill To:</b>	
Name: <b>County of El Paso Public Defender</b>			Name: <b>County of El Paso Public Defender</b>	
Address: 500 E. San Antonio Suite 501			Address: 500 E. San Antonio Suite 501	
City/State/Zip/County El Paso Tx 79901			City/State/Zip/County El Paso Tx 79901	
Contact: Bill Cox	Phone: 915-546-8185	Contact: Bill Cox	Phone: 915-546-8185	
Hours of Operation: 8am-5pm	Email address: wcox@epcounty.com	Email address: wcox@epcounty.com		
See corresponding schedules(s) for included equipment				
<b>SPECIAL INSTRUCTIONS:</b>				
Per RFP agreement-12104277 allowance can be adjusted every 6 months.				
<b>PROGRAM:</b>				
Includes all service and supplies; paper and staples are excluded. Overages are billed quarterly unless otherwise stated.				
<b>Flat Rate Pools</b>				
<b>Office A3 (OA3)</b>	Included Pages _____	<b>Office A4 (OA4)</b>	Included Pages _____	
*Cost per Copy overages are billed monthly*				
<b>Cost Per Copy (CPC)</b>	<input type="checkbox"/> MFP B&W Cost Per Copy _____	<input type="checkbox"/> MPS B&W Cost Per Copy _____		
	Color Cost Per Copy _____	Color Cost Per Copy _____		
<b>Volume Based (VB)</b>				
<input type="checkbox"/> MFP	B&W Allowance <u>120,000</u>	Overage <u>0.0055</u>	Color Allowance <u>10,000</u>	Overage <u>0.035</u>
<input type="checkbox"/> MPS	B&W Allowance _____	Overage _____	Color Allowance _____	Overage _____
<input type="checkbox"/> OOG <input type="checkbox"/> PPO	B&W Allowance _____	Overage _____	Color Allowance _____	Overage _____
<b>Unlimited Program (A4)</b>				
<b>Unlimited B&amp;W (Single User)</b>	# of Units _____	<b>Unlimited B&amp;W (Work Group A)</b>	# of Units _____	<b>Unlimited B&amp;W (Work Group B)</b>
<b>Production Pools</b>				
<b>Color (PC)</b>	B&W Allowance _____	Overage _____	<b>B&amp;W (PBW)</b>	Allowance _____
	Color Allowance _____	Overage _____	<b>Specialty Finishing (SF)</b>	_____
<b>PROGRAM MONTHLY BASE:</b>				
Term: <u>36</u>	Monthly Service Rate: _____	<input type="checkbox"/> Included in Lease Agreement	<input type="checkbox"/> Billable Monthly \$ _____	
<b>Customer Signature:</b>		<b>Account Manager:</b>		<b>Date:</b>
<b>Title:</b>	<b>Date:</b>	<b>Credit Approval Signature:</b>		<b>Date:</b>
<b>Internal Authorization:</b>		<b>Title:</b>		<b>Date:</b>