





**SERVICE SCHEDULE  
(Imaging Equipment)**

Standley Systems LLC  
PO Box 460, Chickasha, Oklahoma 73023-0460

QUOTE NO.

APPLICATION NO.

AGREEMENT/SCHEDULE NO.  
11723-02

**CUSTOMER ("YOU" OR "YOUR")**

FULL LEGAL NAME: **Cleveland County Clerk's Office**  
 BILLING ADDRESS: 201 S Jones Ave Ste 210, Norman, OK 73069-6079  
 EQUIPMENT LOCATION (if different):

**DESCRIPTION OF EQUIPMENT, ALLOWANCES, EXCESS CHARGES, BASE PAYMENT, AND METER FREQUENCY**

<input type="checkbox"/> SEE ATTACHED EQUIPMENT OR GROUP BILLING SCHEDULE  TYPE, MAKE, MODEL NUMBER, SERIAL NUMBER, AND INCLUDED ACCESSORIES	BEGINNING METER READING			MONTHLY IMAGE ALLOWANCE			EXCESS PER IMAGE CHARGE (PLUS TAX)			Flat Rate B&W	Care Pack	Other
	B&W	COLOR	MICR	B&W	COLOR	MICR	B&W	COLOR	MICR			
	SAVIN / RICOH MPC3004EX SN: C718M910131											
SAVIN / RICOH MPC3004EX SN: C718M710119										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAVIN / RICOH MPC3004EX SN: C718M600328										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAVIN MP6055SP B/W COPIER SN: C348R600059										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAVIN MP6055SP B/W COPIER SN: C328R800606										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HP LJ PRO M402DNE SN: PHB5C57943										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL CONSOLIDATED MONTHLY IMAGE ALLOWANCE AND EXCESS PER IMAGE CHARGES (IF CONSOLIDATED)				0	0		.0139	.0695				

MONTHLY BASE PAYMENT AMOUNT: **\$0.00** (PLUS TAX)  
 METER FREQUENCY (if applicable): **MONTHLY**

The CONSOLIDATED IMAGE ALLOWANCES, EXCESS PER IMAGE CHARGES, and BASE PAYMENT AMOUNT shown above (or on the attached Equipment or Group Billing Schedule), if any, applies to (CHECK ONE):

- Equipment on this Schedule only, or
- Equipment on this Schedule, together with Equipment on the following Schedules as amended (i.e., an AGGREGATE CONSOLIDATION):  
 Additional Service Schedule numbers (as amended) to consolidate with this Schedule: \_\_\_\_\_

**PAYMENT TERMS**

**IMAGE ALLOWANCE CHARGES AND OVERAGES.** You are entitled to make the total number of images shown under the Image Allowances each period during the term of this Schedule. If you make more than the allowed images in any period, you will pay us an additional amount equal to the number of the excess images made during such period multiplied by the applicable Excess Per Image Charge. Regardless of the number of images made in any period, you will never pay less than the Base Payment Amount.

**TERM (CHECK ONE TERM OPTION)**

- TERM: THE END OF THE TERM OF THIS SCHEDULE IS THE END OF TERM OF SCHEDULE NO. \_\_\_ (COTERMINOUS)
- TERM: JULY 1, 2026 THRU JUNE 30, 2027

**AGREEMENT**

This Service Schedule ("Schedule"), together with the preprinted terms of the Service Agreement listed below (as amended), constitutes an agreement between Customer and Vendor with respect to the equipment referenced herein (or on the attached Equipment or Group Billing Schedule), separate and distinct from any other Schedule or Agreement entered into between Customer and Vendor pursuant to the Service Agreement. Customer agrees to be bound by the terms of this Schedule, which includes the preprinted terms of the Service Agreement (as amended). If any provision in this Schedule conflicts with a provision in the Service Agreement, the provision in this Schedule shall control. This Schedule shall commence on the date of our acceptance.

Service Agreement No.: 21498

**CUSTOMER'S AUTHORIZED SIGNATURE**

(As Stated Above) X Pam Howlett Pam Howlett, County Clerk 4-22-26  
 CUSTOMER SIGNATURE PRINT NAME & TITLE DATE

**VENDOR ("WE", "US", "OUR")**

Standley Systems LLC Amber Summers, 4/20/2026  
 VENDOR SIGNATURE PRINT NAME & TITLE DATE