Docusign

Docusign, Inc.
221 Main Street, Suite 1550
San Francisco, CA 94105

Offer Valid Through: Nov 22, 2024
Prepared By: Amit Ben Simchon
Quote Number: Q-01642931

ORDER FORM

Address Information

Bill To:
City of Watsonville
275 Main St. Ste 400,
Watsonville, CA, 95076
United States

Billing Contact Name:
Irwin Ortiz
Billing Email Address:
irwin.ortiz@watsonville.gov
Billing Phone:
(831) 768-3040

Ship To:
City of Watsonville
275 Main St. Ste 400,
Watsonville, CA, 95076
United States

Shipping Contact Name:
Irwin Ortiz
Shipping Email Address:
irwin.ortiz@watsonville.gov
Shipping Phone:
(831) 768-3040

Order Details

Order Start Date: Dec 1, 2024
Order End Date: Nov 30, 2025
Billing Frequency: Annual

Payment Method: Check
Payment Terms: Net 30
Currency: USD

Products

Product Name	Subscription No.	Start Date	End Date	Quantity	Net Price
IAM Enterprise - Full User	SUB-2874536-1	Dec 1, 2024	Nov 30, 2025	35	$36,960.00
Silver Success Pack	SUB-2874536-1	Dec 1, 2024	Nov 30, 2025	1	$6,283.20

Grand Total: $43,243.20

Order Special Terms

Terms & Conditions

This Order Form is governed by the terms Master Services Agreement available online at: https://www.docusign.com/legal/terms-and-conditions/msa/pub-sec and the applicable Service Schedule(s) and Attachments for the Docusign Services described herein available online at https://www.docusign.com/legal/terms-and-conditions/msa-service-schedules.

Each DSU Campus Pass Individual Subscription includes the following benefits over a 12-month period: 1) Access to all public, instructor-led DSU classroom courses for 1 named user; and 2) Access to curated Learning Plans to support enablement. The named administrator on the Customer record will be the named individual on the Campus Pass Individual Subscription.

Billing Information

Prices shown above do not include any sales, use, value added (VAT), goods and services (GST), and/or any other similar taxes, duties, levies and or charges of any nature that might be imposed or required to be collected (collectively "taxes") by Docusign. Any such taxes are the responsibility of the Customer and will appear on the final invoice(s), as applicable. Taxes are calculated based on the ship-to location listed on your order form.

Invoice(s) for this order will be emailed automatically from invoicing@erp.docusign.com.

Please make sure this email address is on an approved setting or safe senders list, so notifications do not go to a junk folder or get caught in a spam filter.

For U.S. Customers
Is the contracting entity exempt from sales tax?
Please select Yes or No:
If yes, please send the required tax exemption documents immediately to taxexempt@docusign.com.

For Non U.S. Customers
Verify that the VAT, GST, TIN, or similar tax identification number below is correct, or provide the correct number to your Docusign contact. If the VAT, GST, or TIN identification number is not populated below, it will be assumed that you are not a VAT/GST registered taxpayer.

VAT, GST, TIN or similar tax identification number:

For other tax exemption requests, please email the applicable tax exemption documentation to taxexempt@docusign.com.

Purchase Order Information

Is a Purchase Order ("PO") required for the purchase or payment of the products on this Order Form?

Please select: Yes   No

By marking "No", Customer agrees to process payment for any invoices issued pursuant to this Order Form without a PO Number.

If yes, please complete the following information, and attach your PO (if available), and the invoice will be issued referencing such PO Number:

PO Number:

Please attach PO Attachment here:

If "Yes" is marked, but a PO Number is not provided or a PO document is not attached, then Customer agrees to provide the PO information or PO document to Docusign at its earliest convenience by sending to POSubmission@docusign.com referencing this Quote Number, but agrees to still process payment per the agreed upon terms.

If Customer has attached a PO (or other document) to this Order Form, Customer acknowledges and agrees that any additional or conflicting terms appearing in such PO (or any other document) are invalid.

By signing this Agreement, I certify that I am authorized to sign on behalf of the Customer and agree to the Terms and Conditions of this Order Form and any documents incorporated herein.

Customer	**Docusign, Inc.**
Signature:	Signature:
Name:	Name:
Job Title:	Job Title:
Date:	Date: