



LogMeIn USA, Inc.
333 Summer Street
Boston, MA 02210

ORDER FORM

CONTACT INFORMATION.

Customer: Alvord Unified School District
Address: 9 KPC Parkway, Corona, California USA, 92879

Main Contact: David Ma
Email: david.ma@alvordschools.org
Phone: +1909509505

LogMeIn Account Email: david.ma@alvordschools.org

VAT/TVA/ABN Number:

LogMeIn Representative:

Name: Aislinn Field
Email: aislinn.field@logmein.com
Phone:
Fax:

QUOTE OR OID #: 00290894
UID #:
LMI Opp ID #: 2009145261801

Quote Date: 11-03-2020

Quote Expiration Date: 11-26-2020

TERM & BILLING INFORMATION.

Term and Billing Frequency: Annual Annual

Payment Method: Invoice

AGREEMENT.

EXCEPT AS EXPRESSLY SET FORTH HEREIN, BY SIGNING AND RETURNING THIS ORDER TO LOGMEIN, YOU CONFIRM THIS IS AN ORDER FOR THE LMI SERVICE(S) LISTED HEREIN AND AGREE TO THE [TERMS OF SERVICE](https://www.logmeininc.com/legal/terms-and-conditions) <https://www.logmeininc.com/legal/terms-and-conditions> WHICH APPLY TO YOUR CONTINUED USE OF ALL SERVICES AND SHALL PREVAIL OVER ANY TERMS OTHERWISE REFERENCED IN A PURCHASE ORDER.

Supplemental Terms: Notwithstanding anything to the contrary in the Agreement, the following supplemental Terms apply:

Purchase Order Process:

If the order is in excess of 25k USD, or equivalent, LogMeIn requires a PO with the executed Order in the name of the contracting entity noted above. Please complete:

Require a PO?

Requires a PO, see below:

Customer PO#:

PO Expiration Date (if applicable):

SIGNATURES. By signing below, the signatory represents it is legally authorized to enter into the Agreement and agrees to be bound to all terms contained in the Agreement.

CUSTOMER: Alvord Unified School District

Signature:

Name:

Title:

Customer Authorized Signatory

Date:

If Billing Contact is different than above, please provide:

Billing Address:

Billing/Invoicing Contact:

Telephone:

Email:

SERVICES & FEE SUMMARY. You agree to use the Services in accordance with the applicable Use Levels. All fees are exclusive of VAT, GST and any other applicable taxes and/or fees.

Product Name	Purchase Type	Contract Term (Months)	Contract Type	Quantity	Unit Price (Monthly)	Total Price
LastPass Teams	New	12	Annual Annual	11	USD 3.40	USD 448.80
TOTAL AMOUNT:						USD 448.80

