



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
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TERM & BILLING INFORMATION.

Term and Billing Frequency: Annual Annual Payment Method: Invoice
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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		If Billing Contact is different than above, please provide: Billing Address: Billing/Invoicing Contact: Telephone: Email:
Signature:		
Name:		
Title:	Customer Authorized Signatory	
Date:		

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

