Sales Order Form

50 E Business Way
Suite 300
Cincinnati, OH 45241
www.hobsons.com

Sold To: San Leandro Unified
Name: Rabinder (Rob) Mangewala
Address: 835 E 14th St Ste 200,San Leandro, CA 94577-3767
Email: rmangewala@slusd.us
Phone:
Naviance ID: *0634680dus*

Hobsons Contact:
Name: Tamar Henry
Email: tamar.henry@hobsons.com
Phone: (213) 361-0099

Order Date: April 26, 2018

Valid Until: 6/30/2018
Quote Number: Q248482
Contract Start Date: 7/1/2018
Contract End Date: 6/30/2019
Contract Term (In Months): 12
Currency: USD

Purchase Order:
Payment Term: Net 30

Lincoln High School					
Product or Service	**Quantity**	**Unit**	**Start Date**	**Term (In Months)**	**Sub-Total**
Naviance for High School - District Edition	165	Enrollment	7/1/2018	12	602.25
AchieveWorks	165	Enrollment	7/1/2018	12	525.00
Naviance Course Planner for District	165	Enrollment	7/1/2018	12	181.50
Naviance eDocs	90	SrEnrollment	7/1/2018	12	580.00

San Leandro High School					
Product or Service	**Quantity**	**Unit**	**Start Date**	**Term (In Months)**	**Sub-Total**
Naviance for High School - District Edition	2,680	Enrollment	7/1/2018	12	9,782.00
AchieveWorks	2,680	Enrollment	7/1/2018	12	2,814.00
Naviance Course Planner for District	2,680	Enrollment	7/1/2018	12	2,948.00
Naviance eDocs	636	SrEnrollment	7/1/2018	12	731.40

Total Price:	18,164.15

Notes: *(if applicable)*	
Comments:	All figures quoted are exclusive of sales tax.

Please complete or update the following information:

Account Contacts	Name	Email Address
Primary	Rabinder (Rob) Mangewala	rmangewala@slusd.us
Billing	Rabinder (Rob) Mangewala	rmangewala@slusd.us
Payment Method:	Purchase Order # Check Wire Transfer #	***Paying by credit or debit card?*** Credit Card # Card Holder Name: Expiration Date (MM/YY): Billing Zip Code: Security Code: Country:
CEEB Code:		

Unless separate invoice and payment terms are specified, Hobsons will issue invoices once per year, with the first taking place upon execution of the order form and then annually thereafter throughout the term of the contract.

The services are delivered in accordance with applicable terms that can be found at https://succeed.naviance.com/auth/signin?tos=1#/tos. By signing below, you agree to be bound by such terms and that such terms are made a part of this contract.

Please complete the contact and payment information as indicated, then sign below to indicate your acceptance. By signing this contract, you are stating that you are authorized by your institution to make this purchase. If a Purchase Order is required for payment to be issued, please indicate below. If you have selected professional services, travel expenses for on-site professional services will be billed separately following your session(s).

_____ *Yes, a Purchase Order is required. It will be sent to Hobsons by* _____.

Upon execution by Authorized Signatory, Client hereby agrees to the Terms of Service which will become effective together with this Order Form as of the Signature Date below.

Signature	Printed Name and Position	Signature Date

Purchase Order & Order Forms:
Naviance, Inc.
50 E. Business Way, Suite 300
Cincinnati, OH 45241

Remit To:
Naviance, Inc.
P.O. Box 504571
St. Louis, MO 63150-4571

IF YOU CHOOSE TO FAX, THEN PLEASE CLICK ON THE 'SIGN ON PAPER' BUTTON FOLLOWED BY 'PRINT AND FAX' BUTTON AND FAX YOUR SIGNED ORDER FORM TO THE NUMBER PROVIDED ON THE COVERPAGE OF THE DOWNLOADED DOCUMENT