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DocuSign

DocuSign, Inc.
221 Main Street, Suite 1000
San Francisco, CA 94105

Offer Valid Through: Aug 19, 2020
Prepared By: Chris Nguyen
Quote Number: Q-00481959

ORDER FORM

Address Information

Bill To:
San Leandro Unified School District
14735 Juniper St,
San Leandro, CA, 94579
United States

Billing Contact Name:
Zarina Zanipatin
Billing Email Address:
zzanipatin@slusd.us
Billing Phone:
5106974586

Ship To:
San Leandro Unified School District
14735 Juniper St,
San Leandro, CA, 94579
United States

Shipping Contact Name:
Zarina Zanipatin
Shipping Email Address:
zzanipatin@slusd.us
Shipping Phone:
5106974586

Order Details

Order Start Date: Aug 19, 2020
Order End Date: Aug 18, 2021
Billing Frequency: Annual

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

Products

Product Name	Start Date	End Date	Quantity	Net Price
eSignature Business Pro for Gov - Seats	Aug 19, 2020	Aug 18, 2021	30	$13,770.00
Premier Support	Aug 19, 2020	Aug 18, 2021	1	$2,065.50

Grand Total: $15,835.50

Product Details

eSignature Seat Allowance: 30
eSignature Envelope Allowance: 3,000

Order Special Terms

Terms & Conditions

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

Billing Information

Prices shown above do not include any state and local taxes that may apply. Any such taxes are the responsibility of the Customer and will appear on the final Invoice.

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.

Invoices for this order will be emailed automatically from invoicing@docusign.com. Please make sure this email is on an approved setting or safe senders list so notifications do not go to a junk folder or caught in a spam filter.

Purchase Order Information

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

Please select Yes or No:

If yes, please complete the following:

PO Number:

PO Amount: $

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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:	Zarina Zanipatin	Name:	AOA
Job Title:		Job Title:	
Date:		Date:	