



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

Offer Valid Through: Nov 1,
2020

Prepared By: Kaitlin Amedio
Quote Number: Q-00490726

ORDER FORM

Address Information

Bill To:

County of Monterey
1590 Moffett Street,
Salinas, CA, 93905
United States

Ship To:

County of Monterey
1590 Moffett Street,
Salinas, CA, 93905
United States

Billing Contact Name:

Mais Shelor

Billing Email Address:

shelorm@co.monterey.ca.us

Billing Phone:

831-755-5465

Shipping Contact Name:

Mais Shelor

Shipping Email Address:

shelorm@co.monterey.ca.us

Shipping Phone:

831-755-5465

Order Details

Order Start Date: Sep 17, 2020

Order End Date: Sep 16, 2021

Billing Frequency: Annual

Payment Method: Check

Payment Terms: Net 30

Currency: USD

Products

Product Name	Start Date	End Date	Quantity	Net Price
Premier Support	Sep 17, 2020	Sep 16, 2021	1	\$4,158.00
eSignature Enterprise Pro for Gov - Envelope	Sep 17, 2020	Sep 16, 2021	14,000	\$27,720.00
DocuSign Connector - Microsoft SharePoint	Sep 17, 2020	Sep 16, 2021	3,000	\$0.00

Grand Total: \$31,878.00

Product Details

eSignature Envelope Allowance: 14,000

Overage/Usage Fees

eSignature Enterprise Pro for Gov - Env (Per Transaction): \$9.40

Order Special Terms

Both parties hereby agree that Account Natividad Medical Center with Site ID: 14719125-na2 and Order Form with an Order Start Date of January 5, 2020 (Opp ID: 642980 / Quote ID: Q-00376710) will be terminated upon the Order Start Date of this Order Form.

For clarification, the Account above will remain open and will be governed by the Terms and Conditions described in this Order Form.

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: \$

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

Signature:

Name: Eric Chatham

Job Title: Director of Information Technology

Date:

**DocuSign,
Inc.**

Signature:

Name:

Job Title:

Date:

DocuSigned by:
Beatriz Benjamin
6B85A52A083E408...

Beatriz Benjamin

Revenue Operations Manager

October 9, 2020

Approved as to Form

By: _____
County Counsel

Date: _____

DS
RF