



GoTo Communications, Inc.
333 Summer Street, 5th Floor
Boston, MA 02210-1702

ORDER FORM

CONTACT INFORMATION.

<p>Customer: Silver Valley Unified School District Address: 35320 Daggett Yermo Rd, Yermo, CA United States, 92398</p> <p>Main Contact: Robert Saffel Email: rsaffel@svusdk12.net</p> <p>Phone: (760) 254-1350</p> <p>VAT/TVA/ABN Number:</p>	<p>GoTo Representative:</p> <p>Name: Michael Shaffer Email: michael.shaffer@goto.com</p> <p>Phone:</p> <p>Fax:</p> <p>QUOTE OR OID #: Q-828542</p> <p>UID #: CN-580649-1409</p> <p>Opp ID #: 2311297324554</p> <p>Quote Date: 07-01-2024</p> <p>Quote Expiration Date: 04-19-2024</p>
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TERM & BILLING INFORMATION.

<p>Payment Method: Use existing CC</p>

AGREEMENT.

This Order Form is governed by the terms of the Terms of Service found at <https://www.goto.com/company/legal/terms-and-conditions> unless: Customer has a written agreement mutually agreed upon by GoTo for such Services, in which case such written agreement will govern; or (ii) to the extent otherwise set forth in the Supplemental Terms below. The foregoing shall exclude any terms and conditions referenced on a Customer purchase order and will incorporate the [Contracting Entities Table](#) and the [Service Descriptions](#).

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

- The changes below will be effective as of your next billing cycle.
- The terms of this Order do not impact the price or contract term associated with any rental equipment you purchased in a previously executed order

Purchase Order Process:

If the order is in excess of 50K USD, or this order's currency equivalent, GoTo 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: Silver Valley Unified School District		If Billing Contact is different than above, please provide:	
Signature:		Billing Address:	
Name:		Billing/Invoicing Contact:	
Title:	Customer Authorized Signatory	Telephone:	
Date:		Email:	

The dates shown are based on the date the quote was created by the rep and these dates will adjust based on the date the contract is signed

Service Start Date	07-01-2024	Billing Start Date	07-01-2024
Contract End Date	06-30-2029	First Invoice Date	07-01-2024

MONTHLY TOTALS:

Name	Contract Terms (Months)	Quantity	MSRP	Discount	Jive Price	Total Price
GoToConnect Standard	60	143	USD 22.00	USD 4.45	USD 17.55	USD 2,509.65
Conference Device User- Monthly Service	60	2	USD 29.95	USD 29.95	USD 0.00	USD 0.00
Interconnected VoIP, Low Usage - Monthly Charge	60	275	USD 12.95	USD 5.00	USD 7.95	USD 2,186.25
Voice - Standard DID - Monthly Charge	60	126	USD 5.00	USD 4.75	USD 0.25	USD 31.50
Taxes and Fees:						USD 619.43
TOTAL AMOUNT:						USD 5,346.83



PURCHASE ORDER CONFIRMATION FORM

Please select an option below (selecting only one):

1) My company has already raised a purchase order document and is providing it along with this signed order form

2) My company does not issue purchase orders

3) In Lieu of my company's standard purchase order and

- Have obtained all necessary approvals to release funds for this purchase and
- Confirm the relevant invoice(s) can be paid without a reference to a purchase order number

4) My company has a standard purchase order and is unable to provide it right now. As a result,

- Will send the approved purchase order to GoTo within **4 business days** of signature date below.

CUSTOMER LEGAL NAME:

Silver Valley Unified School District

Invoice To/Bill To ADDRESS

35320 Daggett Yermo Rd, Yermo, CA United States, 92398

Billing Contact: Robert Saffel

Billing Phone: (760) 254-1350

Billing Email: rsaffel@svusdk12.net

Please ensure the Invoice To/Bill To Address in addition to the Billing Contact information above is accurate. If not, please ensure to reach out to your GoTo Sales contact and provide correct billing information.

You agree to pay the contracted Total Price as per GoTo Quote or OID Reference Number: Q-828542

This form is issued under the terms and conditions of the following agreement between the parties:

EXCEPT AS EXPRESSLY SET FORTH HEREIN, BY SIGNING AND RETURNING THIS ORDER TO GOTO, YOU CONFIRM THIS IS AN ORDER FOR THE GOTO SERVICE(S) LISTED HEREIN AND AGREE TO THE [TERMS OF SERVICE](https://www.goto.com/company/legal/terms-and-conditions) <https://www.goto.com/company/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.