



Quote Number: 00074294
 Quote Date: May. 25, 2016
 Exp. Date: Jun. 08, 2016
 Sales Rep: Christine Motta
 Email: christine.motta@logmein.com
 Phone: (781) 850-1230
 Fax:

Customer Information

Company: County of Madison
 Address: p o box 292
 City: canton
 State/Country: Mississippi United States
 Zip Code: 39046
 Contact Name: Randi Young-Jerome
 Contact Phone: +1.601.859.1177
 Contact Email: randi.jerome@madison-co.com

LogMeIn Account Email: kjerome@madison-co.com
 Please indicate the account these licenses should be deposited into:
 LogMeIn ID:
 BoldChat AID:
 LastPass CID:
 VAT ID Number:
 (If Applicable)

Product Name	Purchase Type	Contract Term	Contract Type	Quantity	Unit Price	Total Price
Rescue	Renewal	12	Annual Annual	1	1,299.00	1,299.00

Total Amount: USD 1,299.00

Comments:

BY SIGNING AND RETURNING THIS QUOTE TO LOGMEIN, CUSTOMER CONFIRMS THIS IS AN ORDER FOR THE LMI SERVICE(S) LISTED ABOVE AND AGREES TO THE TERMS & CONDITIONS ATTACHED TO THIS QUOTE. SALES OR OTHER TAXES WILL BE CHARGED WHERE APPLICABLE.

VAT (Value Added Tax): All customers in the EU without a valid VAT number will be charged VAT at the rate applicable in their Member State. All Irish customers will be charged VAT at the Irish standard rate

Conditions of Sale: "Annual-Annual" and "Annual-Monthly" contracts for the LogMeIn Service(s) listed above are non-cancellable and non-refundable. If one of these two annual contract options is selected, the subscription may not be cancelled by the customer during each 12-month period the subscription is in effect. "Annual-Monthly" subscriptions are payable over a 12-month period. The customer agrees to continue to make these monthly payments even if the customer decides to stop using the service during the subscription period.

Signature: _____ Purchase Order#*: _____
 (If paying by PO, please include copy of PO document)

Printed Name: _____ Bill To Name: County of Madison

Job Title: _____ Bill To Phone: +1.601.859.1177

Date: _____ Bill to Email: _____

Credit Card Type: _____ Credit Card #: _____

Expiration Date: _____ Card Holder Name: _____

APPROVED

By Diane Odom at 1:43 pm, May 27, 2016