



LogMeIn USA, Inc.
333 Summer Street
Boston, MA 02210

ORDER FORM

CONTACT INFORMATION.

<p>Customer: County of Madison Address: p o box 292, canton, Mississippi United States, 39046</p> <p>Main Contact: Duane Thompson Email: duane.thompson@madison-co.com Phone: 601-855-5589</p> <p>LogMeIn Account Email: kjerome@madison-co.com</p>	<p>LogMeIn Representative:</p> <p>Name: Grace Driscoll Email: grace.driscoll@logmein.com Phone: Fax:</p> <p>QUOTE OR OID #: 00150265 UID #: COL Opp ID #: 1802211632030</p> <p>Quote Date: 06-27-2018</p> <p>Quote Expiration Date: 07-11-2018</p>
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TERM & BILLING INFORMATION.

<p>Term and Billing Frequency: Annual Annual</p> <p>Payment Method: Invoice</p>

AGREEMENT.

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

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

<p>Purchase Order Process: If the order is in excess of 25k USD, or equivalent, LogMeIn 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): _____</p>
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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.

<p>CUSTOMER: County of Madison</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Title: _____ Customer Authorized Signatory</p> <p>Date: _____</p>	<p>If Billing Contact is different than above, please provide:</p> <p>Billing Address: _____</p> <p>Billing/Invoicing Contact: _____ Telephone: _____ Email: _____</p> <p>VAT/TVA/ABN Number: _____</p>
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SERVICES & FEE SUMMARY. You agree to use the Services in accordance with the applicable Use Levels. All fees are exclusive of VAT, GST and any other applicable taxes and/or fees.

Product Name	Purchase Type	Contract Term (Months)	Contract Type	Quantity	Expiration Date	Unit Price	Total Price
Rescue	Renewal	12	Annual Annual	1	7/5/2019	USD 1,299.00	USD 1,299.00
TOTAL AMOUNT:							USD 1,299.00