

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

ORDER FORM

Customer: County of Madison Address: p o box 292, canton, Mississippi United States, 39046		LogMein Representative:				
Main Contact: Email: Phone:	Duane Thompson duane.thompson@madison-co.com 601-855-5589	Name: Email: Phone: Fax:	Grace Driscoll grace.driscoll@logmein.com (781) 897-1323			
LogMein Account Email: kjerome@madison-co.com		QUOTE OR OID #: 00216064 UID #: LMI Opp ID #: 1901063144212				
VAT/TVA/ABN I	Number:	Quote Date: 06-11-2019				
TERM & BILLIN	G INFORMATION.	.				
Term and Billin	g Frequency: Annual Annual					
Payment Metho	d: Invoice					
AGREEMENT.						
FOR THE LMIS	ERVICE(S) LISTED HEREIN AND AGREE TO THE <u>TE</u> TO YOUR CONTINUED USE OF ALL SERVICES AND	ERMS OF SERVICE	ORDER TO LOGMEIN, YOU CONFIRM THIS IS AN ORDEI https://www.logmeininc.com/legal/terms-and-conditions OVER ANY TERMS OTHERWISE REFERENCED IN A			
Supplemental T	erms: Notwithstanding anything to the contrary in the i	Agreement, the follo	wing supplemental Terms apply:			
Purchase Order If the order is in e above. Please or Require a PO? Requires a PO, s Customer PO#:	excess of 25k USD, or equivalent, LogMeIn requires a Formplete: see below:	PO with the executed Description Date (if				
SIGNATURES. If contained in the		authorized to enter	into the Agreement and agrees to be bound to all terms			
	ounty of Madison	If Billing Contact is different than above, please provide:				
Signature:		Billing Address:				
Name:		Billing/invoicing Contact: Telephone:				
Title:	·	Email:				
	Customer Authorized Signatory					
Date:						

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 (Monthly)	Total Price
Rescue (1-5)	Renewal	12	Annual Annual	1	7/5/2020	USD 108.25	USD 1,299.00
	USD 1,299.00						