

Quote # Q-135096
 Account Name: Madison County, MS - Board of Supervisors - HQ
 Opp Name: RENEWAL: Madison County - Faxes for Fred's Building: 1: OEM Maintenance



Opportunity Number: OP-108940
 Generated Date: December 17, 2024
 Expiration Date: 1/16/2025

Client Contact Information

Primary Contact: Duane Thompson
Contact Title: Director, Information Technology
Phone: 6014215255
Email: dthompson@madison-co.com

NWN Carousel Contact Information

Primary Contact: Jean Elaine Ellis
Contact Title: Account Executive
Email: jellis@nwncarousel.com
Phone: 601-718-3344

BILL TO

Client Name: Madison County, MS - Board of Supervisors - HQ
Billing Address: 146 W Center St
Billing City: Canton
Billing State: MS
Post Code: 39046-3735

SHIP TO

Client Name: Madison County, MS - Board of Supervisors - HQ
Shipping Address: 146 W Center St
Shipping City: Canton
Shipping State: MS
Post Code: 39046-3735

Frequency	#	Product Number	Description	Qty	Serial Number	Location	Service Start Date	Service End Date	Unit Price	Ext. Price
Recurring	1	ACTS24X7-MP11X_S1/YR	ACTS 24X7 Annual Remote Support	1		146 W Center St Canton, MS 39046-3735 US	3/14/2025	3/13/2026	\$42.86	\$42.86
	2	AHR-MP11X_S1/YR	24x7 Annual Support for MP112/25/SIP	1		146 W Center St Canton, MS 39046-3735 US	3/14/2025	3/13/2026	\$11.69	\$11.69
									\$54.55	

**The Monthly/Unit Price shown above has been rounded to two decimal places for display purposes. As many as eight decimal places may be present in the actual price. The totals for this order were calculated using the actual price, rather than the Monthly/Unit Price displayed above, and are the true and binding totals for this order

Quote Sub-Total: \$54.55

Subscription Term: 12.00 **Tax Rate:** 0.00%
Billing Terms: Recurring - Prepaid **Estimated Tax:**
Custom Billing Terms: **Estimated Shipping:**
Payment Terms: Net 30 Days
Annual Subscription Charge: \$0.00
Total One-Time Charge: \$54.55
Total Recurring Charge: \$0.00

Accepted and agreed by:
 Madison County, MS - Board of Supervisors - HQ

Carousel Industries of North America, LLC

Signature _____

Signature _____

Name _____

Name _____

Title _____

Title _____

Date _____

Date _____