

# Program Signature Form

MBA/MBSA number

Agreement number

8718335

5-000010406766

**Note:** Enter the applicable active numbers associated with the documents below. Microsoft requires the associated active number be indicated here, or listed below as new.

For the purposes of this form, "Customer" can mean the signing entity, Enrolled Affiliate, Government Partner, Institution, or other party entering into a volume licensing program agreement.

This signature form and all contract documents identified in the table below are entered into between the Customer and the Microsoft Affiliate signing, as of the effective date identified below.

Contract Document	Number or Code
<choose agreement=""></choose>	Document Number or Code
<choose agreement=""></choose>	Document Number or Code
<choose agreement=""></choose>	Document Number or Code
<choose agreement=""></choose>	Document Number or Code
<choose agreement=""></choose>	Document Number or Code
Enterprise Enrollment	X20-10635
<choose enrollment="" registration=""></choose>	Document Number or Code
<choose enrollment="" registration=""></choose>	Document Number or Code
<choose enrollment="" registration=""></choose>	Document Number or Code
<choose enrollment="" registration=""></choose>	Document Number or Code
Product Selection Form	1354876.004 (new)
Amendment	M97 (new)
Document Description	Document Number or Code
Document Description	Document Number or Code
Document Description	Document Number or Code

By signing below, Customer and the Microsoft Affiliate agree that both parties (1) have received, read and understand the above contract documents, including any websites or documents incorporated by reference and any amendments and (2) agree to be bound by the terms of all such documents.

# Customer

Name of Entity (must be legal entity name)\* Augusta-Richmond County

Signature\*

**Printed First and Last Name\*** 

**Printed Title** 

Signature Date\*

Tax ID

indicates required field

# **Microsoft Affiliate**

# **Microsoft Corporation**

## Signature

#### Printed First and Last Name

#### **Printed Title**

# Signature Date

(date Microsoft Affiliate countersigns)

## Agreement Effective Date

(may be different than Microsoft's signature date)

# **Optional 2<sup>nd</sup> Customer signature or Outsourcer signature (if applicable)**

Customer	
Name of Entity (must be legal entity name)*	
Signature*	and the second
Printed First and Last Name*	
Printed Title	
Signature Date*	A STATE AND A STATE
* indicates required field	Service MEALER STREET
Outso	ourcer
Name of Entity (must be legal entity name)*	U. C. L. S.
Signature*	
Printed First and Last Name*	VELL'S V
Printed Title	

Signature Date\*

\* indicates required field

If Customer requires additional contacts or is reporting multiple previous Enrollments, include the appropriate form(s) with this signature form.

After this signature form is signed by the Customer, send it and the Contract Documents to Customer's channel partner or Microsoft account manager, who must submit them to the following address. When the signature form is fully executed by Microsoft, Customer will receive a confirmation copy.

#### Microsoft Corporation

Dept. 551, Volume Licensing 6880 Sierra Center Parkway Reno, Nevada 89511 USA