



GoTo Technologies USA, Inc. 333 Summer Street Boston, MA 02210

## CONTACT INFORMATION.

Customer: Waller County Sheriff's Office

Address: 100 Sheriff R Glenn Smith Dr, Hempstead, TX United

States, 77445-3002

Main Contact: Jeffrey Schillinger

**Email**: j.schillinger@wallercounty.us

**Phone**: +19798268282

VAT/TVA/ABN Number:

GoTo Representative:

Name: Sean Benoit

Email: sean.benoit@goto.com

Phone:

Fax:

**QUOTE OR OID #**: Q-823624

UID #: 6031808878

Opp ID #: 2402127431757

Quote Date: 03-06-2024

**Quote Expiration Date: 04-04-2024** 

## **TERM & BILLING INFORMATION.**

Payment Method: Invoice

Term & Billing Frequency: Annual Annual

Payment Terms: Net 30

## AGREEMENT.

This Order Form is governed by the terms of the Terms of Service found at <a href="https://www.goto.com/company/legal/terms-and-conditions">https://www.goto.com/company/legal/terms-and-conditions</a> unless: Customer has a written agreement mutually agreed upon by GoTo for such Services, in which case such written agreement will govern; or (ii) to the extent otherwise set forth in the Supplemental Terms below. The foregoing shall exclude any terms and conditions referenced on a Customer purchase order and will incorporate the <a href="Contracting Entities Table">Contracting Entities Table</a> and the <a href="Service Descriptions">Service Descriptions</a>.

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

Purcha	se Order I	Process
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If the order is in excess of 50K USD, or this order's currency equivalent, GoTo 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):

**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.

CUSTOMER: \	Waller County Sheriff's Office	If Billing Contact is different than above, please provide:
Signature:		Billing Address:
		Billing/Invoicing Contact:
Name:		Telephone: Email:
Title:		
	Customer Authorized Signatory	
Date:	Tn D	rododd

**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)	Billing Frequency	Quantity	Unit Price (Monthly)	Total Price
GoTo Resolve Remote Support (Named) V2 - 1 Agent	New	12	Annual	3	USD 40.00	USD 1,440.00
					TOTAL AMOUNT:	USD 1,440.00