



**CivicPlus**

302 South 4th St. Suite 500  
Manhattan, KS 66502  
US

**Order Form**

**Quote #:**

Q-84807-1

**Date:**

9/20/2024 2:39 PM

**Expires On:**

11/19/2024

**Client:**

City of Greenfield, IN

**Bill To:**

GREENFIELD CITY, INDIANA

SALESPERSON	Phone	EMAIL	DELIVERY METHOD	PAYMENT METHOD
Hope Padilla		hope.padilla@civicplus.com		Net 30

Discount(s)

QTY	PRODUCT NAME	DESCRIPTION	TOTAL
1.00	ArchiveSocial Year 1 Annual Fee Discount	Year 1 Annual Fee Discount	USD -1,200.00

Recurring Service(s)

QTY	PRODUCT NAME	DESCRIPTION	TOTAL
1.00	ArchiveSocial - Premium	Social Media Archiving Subscription - Unlimited Accounts & Up To 6k Records Per Month - Includes Risk Management Analytics (RMA) and Web Snapshots	USD 9,947.40

Total Investment - Initial Term	USD 8,747.40
Annual Recurring Services (Subject to Uplift)	USD 9,947.40

Initial Term	11/29/2024 - 11/28/2025, Renewal Term 11/29 each calendar year
Initial Term Invoice Schedule	100% Invoiced upon Acceptance Date

Annual Uplift	5% to be applied in year 2
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This Order Form sets forth the commercially binding terms of the Client's (as defined above) usage of the ArchiveSocial services (the "Services"). By accepting this Order Form, which may be evidenced by your return of this completed Order Form, written acceptance (e-mail is sufficient), or Client's access and use of the Services, you, on behalf of the Client, are representing that you are authorized to bind the Client listed herein to the pricing and term stated in this Order Form

Please note that if you plan to issue a purchase order, we request you include the following language on the front of the PO:

*ArchiveSocial's maximum liability under this purchase order is limited to the total amount of fees received during the 12-month period preceding the event giving rise to the liability, except that such limitation of liability will not apply to ArchiveSocial's indemnification for intellectual property infringement or personal injury.*

Organization Legal Name:

\_\_\_\_\_

Billing Contact:

Rob Souchon

Title:

\_\_\_\_\_

Billing Phone Number:

\_\_\_\_\_

Billing Email:

\_\_\_\_\_

Billing Address:

\_\_\_\_\_

Mailing Address: (If different from above)

\_\_\_\_\_

PO Number: (Info needed on Invoice (PO or Job#) if required)