



DocuSign, Inc.
221 Main Street, Suite 1550
San Francisco, CA 94105

Offer Valid Through: Jan 31, 2024

Prepared By: Dawn Hamilton
Quote Number: Q-01399908

ORDER FORM

Address Information

Bill To:

Nevada System of Higher Education - Nevada
Office of WICHE
2601 Enterprise Rd.,
Reno, NV, 89512
United States

Ship To:

Nevada System of Higher Education - Nevada Office of
WICHE
2601 Enterprise Rd.,
Reno, NV, 89512
United States

Billing Contact Name:

Patty Porter

Billing Email Address:

nvwiche@nevada.edu

Billing Phone:

775-784-3449

Shipping Contact Name:

Patty Porter

Shipping Email Address:

nvwiche@nevada.edu

Shipping Phone:

775-784-3449

In Process

Order Details

Order Start Date: Jan 31, 2024

Order End Date: Jan 30, 2025

Billing Frequency: Annual

Payment Method: Check

Payment Terms: Net 30

Currency: USD

Products

Product Name	Subscription No.	Start Date	End Date	Quantity	Net Price
eSignature Enterprise Pro Edition - Envelope Subs.	SUB-2915045-1	Jan 31, 2024	Jan 30, 2025	1,000	\$4,000.00
Premier Support - eSign	SUB-2915045-1	Jan 31, 2024	Jan 30, 2025	1	\$600.00
Onboarding Services Lite	SUB-2915045-1	Jan 31, 2024	Apr 30, 2024	1	\$500.00

Grand Total: \$5,100.00

Product Details

eSignature Envelope Allowance: 1,000

Overage/Usage Fees

eSignature Enterprise Pro Edition - Envelope Subs. (Per Transaction): \$8.80

Order Special Terms

Terms & Conditions

This Order Form is governed by the terms Master Services Agreement available online at: <https://www.docusign.com/legal/terms-and-conditions/msa> and the applicable Service Schedule(s) and Attachments for the DocuSign Services described herein available online at <https://www.docusign.com/legal/terms-and-conditions/msa-service-schedules>.

Onboarding Services Lite will expire if not used within 90 days of the product start date. If the service needs to be extended, a Change Order defining the new services End Date must be signed before the original Order End Date has been reached. The new Order End Date cannot exceed six months from the originally contracted Order End Date identified on the Order Form. If the Professional Service is sold on the same Order Form as the subscription, the Project End Date cannot exceed the subscription End Date. The service can only be extended one time. Any further need to retain project resources will require a new contract.

Billing Information

Prices shown above do not include any state and local taxes that may apply. Any such taxes are the responsibility of the Customer and will appear on the final Invoice.

Is the contracting entity exempt from sales tax?

Please select Yes or No:

If yes, please send the required tax exemption documents immediately to taxexempt@docusign.com.

Invoices for this order will be emailed automatically from invoicing@erp.docusign.com. Please make sure this email is on an approved setting or safe senders list so notifications do not go to a junk folder or caught in a spam filter.

Purchase Order Information

Is a Purchase Order ("PO") required for the purchase or payment of the products on this Order Form?

Please select: Yes No

By marking "No", Customer agrees to process payment for any invoices issued pursuant to this Order Form without a PO Number.

If yes, please complete the following information, and attach your PO (if available), and the invoice will be issued referencing such PO Number:

PO Number:

Please attach PO Attachment here:

If "Yes" is marked, but a PO Number is not provided or a PO document is not attached, then Customer agrees to provide the PO information or PO document to DocuSign at its earliest convenience by sending to POSubmission@docusign.com referencing this Quote Number, but agrees to still process payment per the agreed upon terms.

If Customer has attached a PO (or other document) to this Order Form, Customer acknowledges and agrees that any additional or conflicting terms appearing in such PO (or any other document) are invalid.

By signing this Agreement, I certify that I am authorized to sign on behalf of the Customer and agree to the Terms and Conditions of this Order Form and any documents incorporated herein.

Customer

Signature:

Name: Patty Porter

Job Title:

Date:

**DocuSign,
Inc.**

Signature:

Name: AOA

Job Title:

Date: