



400 E Business Way
Suite 400
Cincinnati, OH 45241
www.hobsons.com

Sales Order Form

Sold To: San Rafael City Schools
Name: Kimberly Joseph
Address: 310 Nova Albion Way, San Rafael, CA 94903-3500
Email: kjoseph@srcs.org
Phone: 415.492.3200
Naviance ID: 0635110dus

Order Date: May 15, 2019

Valid Until: 9/1/2019
Quote Number: : Q300323
Contract Start Date: 9/1/2019
Contract End Date: 8/31/2020
Contract Term (in months): 12
Currency: USD

Hobsons Contact:
Name: Tamar Henry
Email: tamar.henry@hobsons.com
Phone: (213) 361-0099

Purchase Order:
Payment Term: Net 30

Madrone High (continuation)					
Product or Service	Quantity	Unit	Start Date	Term (In Months)	Sub-Total
Naviance for High School - District Edition	56	Enrollment	9/1/2019	12	212.80

Terra Linda High School					
Product or Service	Quantity	Unit	Start Date	Term (In Months)	Sub-Total
Naviance for High School - District Edition	1,182	Enrollment	9/1/2019	12	4491.60

San Rafael High					
Product or Service	Quantity	Unit	Start Date	Term (In Months)	Sub-Total
Naviance for High School - District Edition	1,324	Enrollment	9/1/2019	12	5031.20

Total Price:	9,735.60
--------------	----------

Notes: (if applicable)

Comments:

All figures quoted are exclusive of sales tax.

Please complete or update the following information:

Account Contacts	Name	Email Address
Primary	Kevin Kerr	kkerr@srcs.org
Billing	Kimberly Joseph	kjoseph@srcs.org
Payment Method:	<div> <div> Purchase Order # Check Wire Transfer # </div> <div> Paying by credit or debit card? Credit Card # Card Holder Name: Expiration Date (MM/YY): Billing Zip Code: Security Code: Country: </div> </div>	
CEEB Code:		

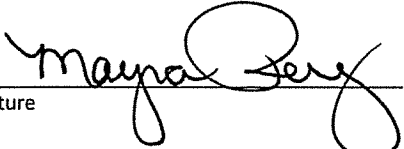
Unless separate invoice and payment terms are specified, Hobsons will issue invoices once per year, with the first taking place upon execution of the order form and then annually thereafter throughout the term of the contract.

The services are delivered in accordance with applicable terms that can be found at <https://static.naviance.com/html/policies/tos.html>. By signing below, you agree to be bound by such terms and that such terms are made a part of this contract.

Please complete the contact and payment information as indicated, then sign below to indicate your acceptance. By signing this contract, you are stating that you are authorized by your institution to make this purchase. If a Purchase Order is required for payment to be issued, please indicate below. If you have selected professional services, travel expenses for on-site professional services will be billed separately following your session(s).

_____ Yes, a Purchase Order is required. It will be sent to Hobsons by _____.

Upon execution by Authorized Signatory, Client hereby agrees to the Terms of Service which will become effective together with this Order Form as of the Signature Date below.

 _____ Signature	Mayra Perez Deputy Superintendent _____ Printed Name and Position	8/23/19 _____ Signature Date
---	--	------------------------------------

Purchase Order & Order Forms:
 Naviance, Inc.
 400 E. Business Way, Suite 400
 Cincinnati, OH 45241

Remit To:
 Naviance, Inc.
 P.O. Box 504571
 St. Louis, MO 63150-4571