

(#Q-68836)(Service Account Number: 303806)

Order Form - Sabine County, TX

Account Rep

Brian Binkoski

Email

brian.binkoski@smarsh.com

Customer

Sabine County, TX PO Box 848

Service Address

Hemphill, Texas 75948-0848

Prepared on

14-May-2024

Valid until

30-Jun-2024

Start Date

Order Type

Upon Execution Date

Subscription Term

12 Months Annual

Billing Frequency

Contract

Billing Contact

Contact Phone

Contact Email

Technical Contact

david.roach@co.sabine.tx.us

David Roach

David Roach

Services	Unit Pri	e Minimum Quantity	Minimum Commitment
Unified			
Platform - Professional Archive - SMG	\$ 850.0	00 1	\$ 850.00
Unified			
AT&T Mobile Message - Professional Archive Capture	\$ 102.0	00 45	\$ 4,590.00
Onboarding - Professional Archive - Standard		1	\$ 2,100.00
Smarsh Support			
Professional Support - Basic		1	
Annual Recurring Service Fees Subtotal			\$ 5,440.00
One-Time Fees Subtotal			\$ 2,100.00

Notes



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Terms & Conditions

The Services are subject to the terms and conditions of this Order Form and (i) the Smarsh Service Agreement available at www.smarsh.com/legal/ServiceAgreement (ii) the Service Specific Terms referenced in or attached to this Order Form, and (iii) any exhibits or attachments to this Order Form that may amend, supersede, or append the terms referenced herein (collectively "Agreement"):

SERVICE SPECIFIC TERMS

- The Professional Archive Service Specific Terms available at https://www.smarsh.com/legal/SSTProfessionalCloud;
- Mobile Channels Service Specific Terms available at https://www.smarsh.com/legal/SSTMobileChannels;
- The applicable Professional Archive Onboarding package features described in more detail at https://www.smarsh.com/legal/OnboardingServices-ProArchive;

TERM

The Term of the Services will begin on the Start Date set forth the on the first page of this Order Form, or if no Start Date is stated, the execution date of this Order Form, and will continue for the Subscription Term specified on the first page of this Order Form. For Services added during Client's existing Term, the Term of the Services will sync to and co-terminate upon Client's Renewal Date set forth above. Renewal of the Services is subject to the terms of the Agreement.

INVOICING

The Recurring Service Fees and One-Time Fees ("Fees") will be invoiced at the billing frequency set forth on the first page of this Order Form. For usage overages, Smarsh will invoice Client for any usage over the minimum quantities at the same per unit rate as indicated in the first page of this Order Form on a regular basis in arrears. Client agrees that the Recurring Services Fees set forth in this Order Form are Client's minimum commitment for the Term.

DATA MANAGEMENT FEES - PROFESSIONAL ARCHIVE

If not priced above or set forth on a separate Order Form between Smarsh and the Client for the applicable data management services requested by the Client, the following standard data import, conversion (if applicable), and storage Fees for data imports Client's Professional Archive shall apply to data imports during the Client's term:

Data Imports - One-time Fee (25 GB Minimum) \$10.00/GB Import Data Conversion Fee (25 GB Minimum) \$3.00/GB Data Storage – Annual \$2.50/GB

The following entities are fully owned subsidiaries of Smarsh: Digital Reasoning, Entreda, Privva, Actiance, MobileGuard In the event that any part of the Agreement is between the Client and one of these Affiliates, the references to Smarsh in this Order Form shall be read as referencing the applicable Affiliate.



Purchase Order Information

Client to Cor	nplete:		
Is a Purchase	e Order (PO) required for the purchase of the Services on this Order Form?		
[].	No		
[]	Yes – Please complete below		
PO Number:			
PO Amount:			
Upon signature by Client and submission to Smarsh, this Order Form shall become legally binding unless Smarsh rejects this Order Form for any of the following reasons: (i) changes have been made to this Order Form (other than completion of the purchase order information and the signature block); or (ii) the requested purchase order information or signature is incomplete; or (iii) the signatory does not have authority to bind Client to this Order Form.			
Client autho	rized signature		
By: _ Date: 5	Drug mellon Name: Day MeHon /28/24 Title: County Jarge		
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