



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

**Offer Valid Through:** Jan 31, 2024

**Prepared By:** John Conlon  
**Quote Number:** Q-01395825

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## ORDER FORM

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### Address Information

**Bill To:**

City of Key West  
16073 Thornwood Drive,  
Fort Myers, FL, 33908  
United States

**Ship To:**

City of Key West  
16073 Thornwood Drive,  
Fort Myers, FL, 33908  
United States

**Billing Contact Name:**

Patti McLauchlin

**Billing Email Address:**

pmclauchlin@keywestcity.com

**Billing Phone:**

+1 305-809-3700

**Shipping Contact Name:**

Patti McLauchlin

**Shipping Email Address:**

pmclauchlin@keywestcity.com

**Shipping Phone:**

+1 305-809-3700

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### 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

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### Products

Product Name	Subscription No.	Start Date	End Date	Quantity	Net Price
eSignature Business Pro Edition - Envelope Subs.	SUB-2845147-1	Jan 31, 2024	Jan 30, 2025	500	\$2,160.00
Silver Success Pack: Support Services	SUB-2845147-1	Jan 31, 2024	Jan 30, 2025	1	\$216.00
Silver Success Pack: Adoption Services	SUB-2845147-1	Jan 31, 2024	Jan 30, 2025	1	\$75.60
Silver Success Pack: Campus Pass Individual	SUB-2845147-1	Jan 31, 2024	Jan 30, 2025	1	\$75.60

**Grand Total: \$2,527.20**

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### Product Details

eSignature Envelope Allowance: 500

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## Overage/Usage Fees

eSignature Business Pro Edition - Envelope Subs. (Per Transaction): \$5.80

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## Order Special Terms

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## 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>.

Your initial Onboarding project should be completed within the first 90 days of your contract start date, with post-onboarding guidance to follow as appropriate.

Each DSU Campus Pass Individual Subscription includes the following benefits over a 12-month period: 1) Access to all public, instructor-led DSU classroom courses for 1 named user; and 2) Access to curated Learning Plans to support enablement. The named administrator on the Customer record will be the named individual on the Campus Pass Individual Subscription.

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## 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](mailto:taxexempt@docusign.com).

Invoices for this order will be emailed automatically from [invoicing@erp.docusign.com](mailto: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.

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**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](mailto: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.

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**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**

**DocuSign,  
Inc.**

Signature:

Signature:

Name:

Name:

Job Title:

Job Title:

Date:

Date: