



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

Offer Valid Through: May 10, 2022

Prepared By: Ashley Bolanos
Quote Number: Q-00747164

ORDER FORM

Address Information

Bill To:

City of Redondo Beach
415 Diamond St,
Redondo Beach, CA, 90277
United States

Ship To:

City of Redondo Beach
P.O. BOX 270,
Redondo Beach, CA, 90277-0270
United States

Billing Contact Name:

Eleanor Manzano

Billing Email Address:

eleanor.manzano@redondo.org

Billing Phone:

(310) 318-0656

Shipping Contact Name:

Eleanor Manzano

Shipping Email Address:

eleanor.manzano@redondo.org

Shipping Phone:

(310) 318-0656

Order Details

Order Start Date: May 10, 2022

Order End Date: May 9, 2023

Billing Frequency: Annual

Payment Method: Check

Payment Terms: Net 30

Currency: USD

Products

Product Name	Start Date	End Date	Quantity	Net Price
eSignature Enterprise Pro Edition - Envelope Subs.	May 10, 2022	May 9, 2023	500	\$3,627.00
Enterprise Premier Support	May 10, 2022	May 9, 2023	1	\$797.94

Grand Total: \$4,424.94

Product Details

eSignature Envelope Allowance: 500

Overage/Usage Fees

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

Order Special Terms

Terms & Conditions

This Order Form covers the products and services described herein and is governed by the attached terms and conditions.

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@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 or No:

If yes, please complete the following:

PO Number:

PO Amount: \$

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: William C. Brand

Job Title: Mayor

Date:

**DocuSign,
Inc.**

Signature:

Name:

Job Title:

Date:

ATTEST:

Eleanor Manzano, City Clerk

APPROVED AS TO FORM:

Michael W. Webb, City Attorney