

 Date:
 03/11/2024

 Order Number:
 Q-618223

 Revision:
 1

Order Form Expiration Date: 07/31/2024

ORDER FORM

Orders Under \$25,000.00 may pay by Credit Card: Call 214.294.9901 or e-mail creditcardprocessing@edmentum.com

Customer and Billing Address

Customer No.: 149916

Customer Name: Geneva Cusd 304
Billing Address: 227 N 4th St

Geneva, IL 60134-1307

Products and Services

Products	Qty	License Start Date	License End Date	License Term (Months)
Customer Success Services	1	08/01/2024	07/31/2025	12
Customer Success Services	1	08/01/2025	07/31/2026	12
Customer Success Services	1	08/01/2026	07/31/2027	12
Courseware: Comprehensive Library - Program License	250	08/01/2024	07/31/2027	36
Courseware: Health and Fitness Library - Program License	75	08/01/2024	07/31/2027	36

Subtotal: \$99,187.50

Total US Funds: \$99,187.50

This Order shall have an effective date ("Effective Date") which is the earlier of (a) the date we accept your signed Order Form or (b) the earliest of the License Start Dates applicable to the products listed above

To the extent the products listed above include "EdOptions Academy" and "ALVS" enrollment products, they are governed by the terms and conditions listed in Appendix A. For all other products, unless otherwise specified in the products table of this Order Form above, the Start Date for your software subscription license(s) will be the date on which we have accepted your order and have issued log-in credentials. In the case of a purchase for multiple successive subscription licenses, the Start Date for each successive subscription will be the day immediately following the License Term expiration of the preceding license subscription.

*** Services purchased are valid for an annual term. Any service offering that is not used during the applicable term will expire and cannot be carried over or used in subsequent periods.

Taxes

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. If the contracting entity is exempt from sales tax, please send the applicable tax exemption certificate to orders@edmentum.com or attach the certificate to this order form in the Signature section.

Edmentum I P.O. Box 776725 | Chicago, IL 60677-6725 | www.edmentum.com

















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Invoicing and Payment Terms

Payment Due Date	Amount
8/15/2024	USD 33,062.50
8/15/2025	USD 33,062.50
8/15/2026	USD 33,062.50
Total	USD 99,187.50

Terms and Conditions

For the purposes of this Order Form, "you" and "your" refer to Customer, and "we", "us" and "our" refer to Edmentum Inc. and affiliates. This Order Form and any documents it incorporates (including the Standard Purchase and License Terms located at http://www.edmentum.com/standardterms and the documents it references) form the entire agreement between you and us ("Agreement"). You acknowledge that any terms and conditions in your purchase order or any other documents you provide that enhance our obligations or restrictions or contradict the Agreement do not have force and effect.

Purchase Order

You acknowledge that this Agreement is non-cancellable and you will submit a purchase order for the full amount of this Order Form. Your order will not be scheduled for delivery until you have submitted a purchase order referencing and conforming to this Order Form.

Acceptance

This offer will expire on the Order Form Expiration Date noted above unless we earlier withdraw or extend the offer in writing.

I represent that I have read the terms and conditions included in this Agreement, that I am authorized to accept this offer and the Agreement's terms and conditions on behalf of the customer identified above and that I do accept this offer on behalf of the customer who agrees to adhere to the Agreement's terms and conditions. To the extent that either parties process does not require that I execute this Order Form, I accept, acknowledge and agree to the terms and conditions identified in and referenced in this Agreement as signified by my receipt, use or access of the products and/or services identified.

Invoice Contact Information – Please Provide Your Finance Dept Contact Information

invoice Contact information – Flease Frovide Your Finance Dept Contact informati
First Name:
Last Name:
Email Address:
Customer Signature
Name (Printed or Typed)

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