

## **Price Quote**

Account Name	Crosby Independent School District	Created Date	3/6/2025
Contact Name	Anita Abernethy	Expiration Date	4/4/2025
Quote Number	00032517	Billing Preference	Standard Billing

Invoice Payment

Upon Receipt

Terms

Billing Contact Anita Abernethy Prepared By Nick Gossett

Billing City State Zip Crosby, Texas 77532 Email nick.gossett@avantassessment.com

Billing Email aabernethy@crosbyisd.org

Product	Quantity	List Price	Discount Price	Extended List	Extended Discount
STAMP for Sign Language - Receptive & Expressive (2 Skill)	1.00	USD 99.90	USD 99.90	USD 99.90	USD 99.90

Total Price USD 99.90

## Please sign and return this Price Quote to confirm the purchase.

What happens if I use more tests than I purchased? You will be invoiced for any additional tests taken over the amount that you originally purchased

How long can Avant store my data? Please refer to section 7 of the Customer Agreement

When do my test credits and Customer Agreement expire? Test credits and Customer Agreement for this order will expire two years from the date the quote is signed.

- I have reviewed the Price Quote and agree to the cost and terms listed therein.
- I agree to be invoiced according to the terms outlined in this quote.
- I have confirmed that the Billing Contact and associated information is accurate and up-to-date.

[ ]	ı	have	read	and	agree	to the	Customer	<u>Agreement</u>	<u>t</u> .
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Accepted by (signature):	Date:	
Printed Name:		