

Upland Software, Inc.

401 Congress Avenue Suite 1850 Austin
TX
78701-3788
US
Phone:
www.uplandsoftware.com

Quote Number: Q-52131-3
Quote Date: 2/28/2020
Quote Expires On: 3/31/2020
Proposed By: Kelly Refshauge
Email: krefshauge@uplandsoftware.com

Customer and Billing Details**Ship To**

City of Aurora
City of Aurora
IT
44 E Downer Place
Second Floor
Aurora, IL 60507
United States

Bill To

City of Aurora
Purchasing Division Of Finance
Department
44 E. Downer Place
P.O. Box 2067
Aurora, Illinois 60507-2067
United States

Primary Contact:**Primary Phone:****Billing Currency:**

Shanita Thompson

(630) 256-3461

USD

License and Product Details

Start Date: 1/1/2020 **End Date:** 12/31/2022
Product Billing Frequency: Annually **Payment Terms:** Net 30

License and Product Details

Description	Billing Frequency	Quantity Unit of Measure	Term (Months)	Annual Amount	Extended Price for Full Term
OptiView Document & Enterprise Management System	Annually	1 Units Per Year	36.00	\$ 8,004.15	\$ 24,012.45
OptiView with 17 full licenses	Annually	1 Units Per Year	36.00	\$ 9,184.76	\$ 27,554.28
OptiView with 20 View Plus licenses	Annually	1 Units Per Year	36.00	\$ 5,602.91	\$ 16,808.73
OptiSpool with 2 concurrent licenses	Annually	1 Units Per Year	36.00	\$ 560.29	\$ 1,680.87
OptiSpool Single Functional Area System License	Annually	1 Units Per Year	36.00	\$ 2,681.40	\$ 8,044.20
FileBound: FileBound Hosting - Perpetual License	Annually	1 Each	36.00	\$ 6,000.00	\$ 18,000.00
Total:				\$ 32,033.51	\$ 96,100.53

Customer and Upland are entering into this sales order or quote ("**Sales Order**") pursuant to the terms of the Master Services Agreement ("**MSA**") currently in effect between the parties as of the date this Sales Order is signed. In the event there is no MSA currently in effect, then the terms and conditions hosted at www.uplandsoftware.com/terms-of-service.pdf shall control. Upon execution by the parties, this Sales Order shall be incorporated into and made a part of the MSA (collectively, the "**Agreement**"). Terms not defined in this Sales Order have the meaning ascribed to them elsewhere in the Agreement.

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BY AFFIXING THE SIGNATURE OF THE AUTHORIZED REPRESENTATIVE OF THE CUSTOMER TO THIS QUOTE, BY HAND OR ELECTRONICALLY, CUSTOMER IS AGREEING TO BE BOUND BY THE TERMS OF THE AGREEMENT

Name (Print): _____

Date: _____

Title: _____

Signature: _____

If a Purchase Order is required for the purchase or payment of the items on this Sales Order, please complete the following:

PO Number: \PO_Number1\

PO Amount: \PO_Amount1\

Upland Signature

Name (Print): _____

Date: _____

Title: _____

Signature: _____

THANK YOU FOR YOUR BUSINESS!

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Please verify and initial the following customer information and indicate what needs to be changed, if needed.

Customer Checklist			
Checklist Item	Response		If there are changes, please provide details below.
Is the company name specified on the quote the correct bill to entity?	Yes <input type="checkbox"/> cb1_one\ No <input type="checkbox"/> cb1_one\ 	Initial <input type="text"/> ln1_two\ 	<input type="text"/> txtSp1_one\
Is the billing address specified on the quote up to date?	Yes <input type="checkbox"/> cb1_two\ No <input type="checkbox"/> cb1_two\ 	Initial <input type="text"/> ln1_two\ 	<input type="text"/> txt1_two\
Is the billing contact and email address specified on the quote up to date?	Yes <input type="checkbox"/> cb1_three\ No <input type="checkbox"/> cb1_three\ 	Initial <input type="text"/> ln1_two\ 	<input type="text"/> txt1_three\
Does your company require a PO?	Yes <input type="checkbox"/> cb1_four\ No <input type="checkbox"/> cb1_four\ 	Initial <input type="text"/> ln1_two\ 	<input type="text"/> txt1_four\
Does your company need Upland to fill out a supplier form to properly set Upland up as a vendor? This includes setting up supplier portals.	Yes <input type="checkbox"/> cb1_five\ No <input type="checkbox"/> cb1_five\ 	Initial <input type="text"/> ln1_two\ 	<input type="text"/> txt1_five\
Is your company a tax-exempt entity? If Yes, please provide the associated tax certificate.	Yes <input type="checkbox"/> cb1_six\ No <input type="checkbox"/> cb1_six\ 	Initial <input type="text"/> ln1_two\ 	<input type="text"/> txt1_six\
Does your company pay withholding tax to a governmental entity? If Yes, please provide the associated tax certificate with the payment remittance.	Yes <input type="checkbox"/> cb1_seven\ No <input type="checkbox"/> cb1_seven\ 	Initial <input type="text"/> ln1_two\ 	<input type="text"/> txt1_seven\
Are there any additional items your company may need from us to process our invoice?	Yes <input type="checkbox"/> cb1_eight\ No <input type="checkbox"/> cb1_eight\ 	Initial <input type="text"/> ln1_two\ 	<input type="text"/> txt1_eight\