



Date: 5/20/2024 15:28:46
Number: WVS-1043141

Price Quote/Proposal

Remit Payment To:

WeVideo, Inc.
P.O. Box 103175
Pasadena, CA 91189-3175
Fax: 408-819-9441

Customer Information:

Jon Aker
Information Technology Director
MOUNTAIN VIEW WHISMAN (CA)
1400 Montecito Ave
Mountain View, California 94043

Expires: 7/15/2024

Contact: Marco Castaneda
Customer Success Manager
marco@wevideo.com

Notes:

Your legacy pricing discount expires upon any reduction of seats licensed or cancellation of your subscription.

MOUNTAIN VIEW WHISMAN (CA) is presented with the following WeVideo for Schools subscription price proposal. With this agreement, MOUNTAIN VIEW WHISMAN (CA) is guaranteed the price below and is protected from annual price increases for the term of the agreement they choose. Upon receipt of this signed document and a district purchase order, MOUNTAIN VIEW WHISMAN (CA) receives 100% of purchased capacity. This offer is contingent on the signed acceptance of this proposal, which constitutes a commitment to pay for the subscription term chosen by MOUNTAIN VIEW WHISMAN (CA) below:

Product/Description		Total Extended Price
5300 users	WeVideo for Schools Annual Subscription <u>without</u> Interactivity	\$16,989.84
-39.08%	Less: legacy pricing discount	-\$6,639.84
Subtotal		\$10,350.00
Tax (exempt?)		
Total		\$10,350.00

Prices are stated exclusive of all taxes. Add applicable sales tax to your purchase order, or provide note of exemption
Quote is valid for terms as stated above and below
All prices in US Dollars (\$)

SECTION I - Term Length and Billing Options (CHECK ONE):

- Purchase 12 months (1 year subscription) prepaid \$10,350.00
- Purchase 24 months (2 year subscription) prepaid \$20,700.00
- Purchase 24 months (2 year subscription) billed annually \$10,350.00
- Purchase 36 months (3 year subscription) prepaid \$31,050.00
- Purchase 36 months (3 year subscription) billed annually \$10,350.00
- Purchase 48 months (4 year subscription) prepaid \$41,400.00
- Purchase 48 months (4 year subscription) billed annually \$10,350.00
- Purchase 60 months (5 year subscription) prepaid \$51,750.00
- Purchase 60 months (5 year subscription) billed annually \$10,350.00

SECTION II - Purchase Order Requirement (CHECK ONE):

- Yes, a school/district Purchase Order is required to invoice our school or district. Please return a copy of your PO with this signed quote.
- No, this signed quote is sufficient to invoice my school (invoice provides information for credit card payment)

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School/District: MOUNTAIN VIEW WHISMAN (CA)
Contact: Jon Aker

SECTION III - COMPLETE ALL FIELDS: **REQUIRED IN ORDER TO PROVISION THE LICENSE AND CREATE THE ACCOUNT**

SUBSCRIPTION ASSIGNMENT (WeVideo account admin at school/district)
This is the person to whom the WeVideo account will be provisioned, whomever will be the active license manager.

School/district name MOUNTAIN VIEW WHISMAN (CA)

WeVideo account admin/owner who will log-in/manage the WeVideo account on a daily basis

Admin/Owner First Name Jon

Admin/Owner Last Name Aker

Admin/Owner Email jaker@mwwsd.org

Job Title/Role Director of Technology

Phone Number 650-526-3500

BILLING INFORMATION

Accounts Payable Contact First Name John

Accounts Payable Contact Last Name Zepezauer

Accounts Payable Email accountspayable@mwwsd.org

Accounts Payabe Phone Number 650-526-3500

PROPOSAL ACCEPTANCE

School or district purchase approver

To accept this offer, please complete sections 1 through 3 above, sign and date here, where it says "Proposal Acceptance." Submit directly via fax or email to sales representative listed above, or to po@wevideo.com or fax to 408-819-9441. Upon acceptance, the entitlements described herein will be made available within 7 days from receipt of this document. You will be invoiced for the total price set forth above once the provisioning process has completed. By signing, you agree to pay amount on this quote when invoiced. TERMS: Net 30 days, subject to credit approval. All prices are quoted in U.S. dollars and are exclusive of all taxes and duties imposed by any governmental authority.

Signature _____ Date _____

Print Name _____

Print Title _____