



Sales Order

Sales Order For: EL Teacher SD Statewide Title III Consortium UNITED STATES Nearpod Contact: Satvik Mahajan 18305 Biscayne Blvd. Ste. 301 Aventura, FL 33810

Service Start: 07/01/18 Service End: 06/30/2019

Description	Quantity	Total
Access to 7,000+ Nearpod and Nearpod for English Learners lessons	1 - Teacher	\$250.00
Lessons include Academic Vocabulary, Virtual Reality for Newcomers, Building Background Math, and more		
Standard aligned content build in partnership with respected publishers		
Planning and training from SD Title III Trainers and the Nearpod Team		
	Total	(USD) \$250.00



Terms

This proposal is valid until: 06/30/2019

Service runs from 07/01/2018 until 06/30/2019. The agreed upon price for this timeframe is (USD) \$250.00.

Nearpod price quotes are confidential, unless disclosure is required by subpoena or state law. Education List Pricing is only available for PreK-12 Education customers.

Please submit this price quote attachment with your Purchase Order.

Tax-exempt customers should include their tax-exempt number on their Purchase Order. This Agreement shall be renewed automatically for successive periods of one (1) year unless you provide Nearpod with a written notice to the contrary ninety (90) days prior to the end of each renewal term. Each Renewal Term shall incorporate and be governed by Nearpod's then current pricing.

This Proposal covers the Nearpod Services described herein and is governed by the Terms and Conditions available online at: <u>https://nearpod.com/terms-conditions</u> and the Privacy Policy available online at: <u>https://nearpod.com/privacy-policy</u>.

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 Proposal and any documents incorporated herein.

Name:			

Signature:

Date:

Purchase Orders should be addressed to: Nearpod, Inc 18305 Biscayne Blvd., Ste. 301 Aventura, FL 33160 Email: <u>satvikm@nearpod.com</u> Phone: +1-203-260-0232 or FAX: +1 305-655-1999



Form (Rev. November 2017) Department of the Treasury Internal Revues Service Go to www.irs.gov/FormW9 for instructions and the latest information.						ion.	Give Form requester send to th				er. D	o not		
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Print or type. See Specific Instructions on	■ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶							Exempt payee code (if any) Exemption from FATCA reporting code (if any) (Applies to accounts maintained outside the U.S.)						
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Purpose of Form				Form 1099-K (merchant card and third party network transactions)										
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (TTIN), adoption taxpayer identification number (ATIN), or employer identification number				 Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) Form 1099-C (canceled debt) Form 1099-A (acquisition or abandonment of secured property) Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN. If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding. 										
(EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.											31	might		
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Cat. No. 10231X

Form W-9 (Rev. 11-2017)





Credit Card Payment Authorization Form

Sign and complete this form to authorize Nearpod, Inc. to make a **one-time** debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a **single transaction only**, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

l			authorize Nearpod	l, Inc. to charge my credit card				
	(full name)							
account indicated below for \$			on or after					
		(amount)		(date)				
This payment is fo	r Nearpod's Inv	voice #:						
Billing Address			Phone#					
City, State, Zip			E-mail					
Card Type:	□ Visa	MasterCard		Discover				
Card holder's nam	e:							
Card Number:								
Expiration Date: _		CVV		(3/4 Digit code)				
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I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for a one-time use only. I certify that I am an authorized user of the credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the forms indicated in this form.

EMAIL FORM TO: FINANCE@NEARPOD.COM

Phone 1-855-NEARPOD (632-7763) | Fax 305-655-1999 | 18305 Biscayne Blvd, 301 Aventura, FL 33160 www.nearpod.com