

Program Signature Form

MBA/MBSA number		
Agreement number	01E73535	

Note: Enter the applicable active numbers associated with the documents below. Microsoft requires the associated active number be indicated here, or listed below as new.

For the purposes of this form, "Customer" can mean the signing entity, Enrolled Affiliate, Government Partner, Institution, or other party entering into a volume licensing program agreement.

This signature form and all contract documents identified in the table below are entered into between the Customer and the Microsoft Affiliate signing, as of the effective date identified below.

Contract Document	Number or Code
Enterprise Enrollment (Indirect)	X20-12057
Product Selection Form	0389384.009_PSF
Discount Transparency Disclosure Form	0389384.009_DTDF

By signing below, Customer and the Microsoft Affiliate agree that both parties (1) have received, read and understand the above contract documents, including any websites or documents incorporated by reference and any amendments and (2) agree to be bound by the terms of all such documents.

Customer			
Name of Entity (must be legal entity name)* Collin County			
Signature* / What lan			
Printed First and Last Name* Michalan Rains			
Printed Title Purchasing Agent			
Signature Date* 7//7//5			
Tax ID 75 - 60008736			
*indicates required field per court Order No. 2015-843-11-10			
Microsoft Affiliate			
Microsoft Corporation			
Signature Microsoft Corporation			
Printed First and Last Name			
Printed Title UCT 2 2 2015			

Shirley Snyder Duly Authorized on behalf of

Microsoft Corporation

Signature Date

(date Microsoft Affiliate countersigns)

(may be different than Microsoft's signature date)

Agreement Effective Date

Optional 2nd Customer signature or Outsourcer signature (if applicable)

Customer
Name of Entity (must be legal entity name)*
Signature*
Printed First and Last Name*
Printed Title
Signature Date*

Outsourcer
Name of Entity (must be legal entity name)*
Signature*
Printed First and Last Name*
Printed Title
Signature Date*

If Customer requires physical media, additional contacts, or is reporting multiple previous Enrollments, include the appropriate form(s) with this signature form.

After this signature form is signed by the Customer, send it and the Contract Documents to Customer's channel partner or Microsoft account manager, who must submit them to the following address. When the signature form is fully executed by Microsoft, Customer will receive a confirmation copy.

Microsoft Corporation
Dept. 551, Volume Licensing

6100 Neil Road, Suite 210 Reno, Nevada 89511-1137

USA

^{*} indicates required field

^{*} indicates required field