

**ORDER FORM**



**SECTION A: CUSTOMER INFORMATION**

<b>Customer Name ("Customer"):</b> City of Billings  <b>State of Incorporation:</b> <u>Montana</u>	<b>NextiraOne, LLC d/b/a Black Box Network Services ("Black Box")</b> 2800 Post Oak Blvd., Suite 200 Houston, TX 77056 (713) 307-4000
<b>Principal Address:</b> 210 North 27 <sup>th</sup> Street Information technology Division  City: <u>Billings</u> State: <u>MT</u> Zip: <u>59101</u>	<b>Billing Address:</b> City of Billings PO Box 1178  City: <u>Billings</u> State: <u>MT</u> Zip: <u>59101</u>
<b>Tax ID No.</b> _____ Tax Exempt Status <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Tax Exempt No. _____ If "Yes" (exempt) Certificate of Tax Exemption MUST be attached to Order.	The terms of the Agreement shall govern this Order.  Effective Date of Agreement: <u>8/10/07</u> <input checked="" type="checkbox"/> MOA Expiration Date of Agreement: <u>8/9/10</u>
<b>Customer Purchase Order Number</b> (if applicable):	<b>Date of Order Form is Represented by the Customer Signature Date Set Forth Below</b>
<b>Purchase Plan:</b> <input checked="" type="checkbox"/> Cash Purchase <input type="checkbox"/> Third Party Lease/Financing by _____ (Must have prior written approval from NextiraOne. Lease/finance company documentation MUST be attached to Order, e.g., Document Receipt Notice, Assignment and Assumption Agreement, etc.)	

**SECTION B: SELECT ALL APPLICABLE PRODUCT/SERVICE OPTIONS**

Select all that apply:

<input type="checkbox"/> New Systems	<input checked="" type="checkbox"/> Installation Services
<input type="checkbox"/> Services	<input type="checkbox"/> CCAT Services
<input checked="" type="checkbox"/> Adds/Upgrade to Existing System	<input type="checkbox"/> Other: _____

**SECTION C: PRODUCT PURCHASE AND INSTALLATION**

**System Price** (excluding applicable taxes and shipping): \$133,315.67    \*Check box if shipping is included in a Voice System Price

<p><b>Payment Terms</b> (excluding applicable taxes):</p> <p style="text-align: center;"><b>Voice:</b></p> <p><u>If the System Price is equal to or greater than \$100,000:</u></p> 25% of System Price due at Customer signing <u>\$33,328.92 due July 15, 2010.</u> 60% of System Price due at Delivery* <u>\$79,989.40</u> 15% of System Price due at Cutover* <u>\$19,997.35</u> Other: <u>payment terms to be inclusive of the Pass Plus.</u> \$ _____ <p style="text-align: center;"><b>For All Voice Transactions:</b></p> Anticipated Delivery Date: <u>7/30/10</u> Anticipated Cutover Date: <u>8/30/10</u> Final Configuration Date: <u>7/30/10</u>	<p style="text-align: center;"><b>Data:</b></p> <p><u>If the System Price is equal to or greater than \$100,000:</u></p> 25% of System Price due at Customer signing    \$ _____ 60% of System Price due at Delivery*            \$ _____ 15% of System Price due at Cutover*            \$ _____ Other: _____    \$ _____ <p style="text-align: center;"><b>For All Data Transactions:</b></p> Requested On-Site Date: _____
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<p><u>If the System Price is less than \$100,000:</u></p> 25% of System Price due at Customer signing    \$ _____ 60% of System Price due at Delivery*            \$ _____ 15% of System Price due at Cutover*            \$ _____ Other: _____    \$ _____ <p style="text-align: center;"><u>For drop-ship orders:</u></p> 20% of System Price due at Customer signing    \$ _____ 80% of System Price due at Delivery*            \$ _____ Other: _____    \$ _____	
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\*Customer will be invoiced on both the scheduled Delivery date and on either the Cutover date for Voice products/services or the Service completion date for Data products/services, as applicable, with payment due upon receipt of invoice.  
Late payments may result in suspension of work and in installation and/or Cutover delays.



**SECTION D: SUPPORT AND MANAGED SERVICES**

Service Fee (excluding applicable taxes): \$ _____	Term of Order: _____
CCAT Application License Fee (excluding applicable taxes): \$ _____	
<b>Payment Terms: Service Billing Option for Managed Services and Maintenance</b> (excluding applicable taxes): Billing payment schedule (check one): <input type="checkbox"/> Annually \$ _____ <input type="checkbox"/> Semi-Annually* \$ _____ <input type="checkbox"/> Quarterly* \$ _____ <input type="checkbox"/> Monthly* _____ <input type="checkbox"/> Pre Paid Billing (Standard) _____ years \$ _____ (per year)	
*Any billing option selected other than annual will incorporate an additional processing fee.	

**SECTION E: ATTACHMENTS**

Select all that apply:

<input checked="" type="checkbox"/> Scope of Work (Product & Managed Services)	<input type="checkbox"/> Tax Exemption Certificate
<input checked="" type="checkbox"/> Customer Inventory Schedule(s) _____	<input type="checkbox"/> Lease/Financing company documentation
<input type="checkbox"/> Software License	<input type="checkbox"/> Other _____

**SECTION F: SIGNATURES**

Customer: City of Billings	NextiraOne, LLC d/b/a Black Box Network Services
BY: _____ (Authorized Signature)	BY: <i>J. Crosby Smith</i> (Authorized Signature)
NAME: Christina Volek	NAME: <i>John Crosby Smith</i>
TITLE: City Administrator	TITLE: <i>V.P. WEST REGION</i>
DATE: 2/17/09	DATE: <i>6-15-10</i>