



Subscription Authorization

24 Month Renewal

Subscriber Name

Hidalgo County HIDTA
Charles Trevino, Assistant Commander
Edinburg, TX 78539
956-381-0444

Subscription Details

Today's Date: 1/28/2016
Effective Date: 9/17/2015-09/18/2017
Pricing Valid until: 2/20/2016

Snap Trends is pleased to provide this subscription authorization for our location-based social intelligence platform. The configuration and pricing outlined below is based on the information received during our initial discussions.

DESCRIPTION	
Annual Snap Trends Software-as-a-Service Subscription	\$2,900.00
Users (Includes 1 Administrator)	1
Storage Limit per User	450,000
Standard Services: new user training, training videos, standard support, and unlimited profiles.	Included
Length of Subscription (Months)	24
Total Subscription Price	\$5,800.00

Term/Renewal. The initial term of this Agreement shall be for the term of 24 months (the "Initial Term") commencing on the Effective date of this agreement. At the expiration of the Initial Term, this Agreement will automatically renew for successive 24 month periods (the "Renewal Term") unless the purchasing party provides Snap Trends with notice of the intent not to renew this Agreement at least forty-five (45) days prior to the expiration of the then current term.

Upon receiving this signed subscription authorization, Snap Trends will provide access to the Snap Trends training video library containing tutorials about the system and its features. Standard phone and email-based technical support is available from Snap Trends Monday-Friday (8:30 am to 5:00 pm (CST)). Subscriber agrees to remit payment within 7 days of Subscription Effective Date.

Subscriber Approval

Name: _____
Title: _____
Signature: _____
Date: _____

Payment Schedule

1st Installment Due immediately
2nd Installment 9/24/2016

Payment Information

I would like Snap Trends to: *(check box)*

Send an Invoice to
Contact: _____
Email: _____
Address: _____
City: _____
State: _____ Zip Code: _____

Charge my Credit Card
CC#: _____
CC Name: _____
Exp. Date: _____
Billing Address: _____
Billing City, State, Zip: _____