

NOTIFEYE™ SOFTWARE SERVICE AGREEMENT

Contract No: _____

Date: 9/5/2019

Buyer (Full Name Of Individual (S) Name If Appropriate) Broken Arrow Public Schools		TRADE NAME (DBA, IF ANY) Child Nutrition		FEDERAL TAX ID (IF REQUIRED)	STATE OF ORGANIZATION Oklahoma	
PRIMARY ADDRESS (NUMBER & STREET) 701 S. Main St.		CITY Broken Arrow	COUNTY Tulsa	STATE OK	ZIP 74012	PHONE NUMBER 918-259-4565
CUSTOMER LOCATION (IF NOT PRIMARY ADDRESS) 109 S. 5th St.		CITY Broken Arrow	COUNTY Tulsa	STATE OK	ZIP 74012	FAX NUMBER 918-251-9095
INVOICING ADDRESS (Number & Street Or Po Box) 701 S. Main St.		CITY Broken Arrow	STATE OK	ZIP 74012	AP CONTACT Luanne Goodacre	EMAIL ADDRESS lgoodacre@baschools.org
HOSTING INFORMATION						
# of Sensors	Hosting Fee*		Total Annual Fee*			
	See Table Below		\$ 200			
PAYMENT METHOD <input type="checkbox"/> AUTOMATIC DEDUCTION <input type="checkbox"/> CREDIT CARD						
All payments must include sales tax when mandated by law. Buyer is responsible for any and all collection costs associated with fulfilling this agreement.				FREQUENCY OF PMT: <input checked="" type="checkbox"/> ANNUALLY <input type="checkbox"/> OTHER SPECIFY: _____		

*Annual fee is subject to change based on number of registered sensors.

# of Sensors	Annual Fee
1-24	\$100.00
25-49	\$150.00
50-74	\$200.00
75-99	\$225.00
100+	Contact Factory

The execution of this software service agreement by Customer shall constitute Customer's acceptance of the terms and conditions of this agreement.

I acknowledge that I have read and agree to the Terms and Conditions

Type of Business	Buyer: _____
<input checked="" type="checkbox"/> Foodservice	Signature: _____
<input type="checkbox"/> Food Processor	Name: _____
<input type="checkbox"/> Industrial and HVAC	Title: _____
<input type="checkbox"/> Other: _____	Date: _____