



MARGIE R. IBARRA
COUNTY CLERK
FILED

CE CONNECT ORDER FORM

2021 NOV 22 PM 4: 06

WEBB COUNTY, TEXAS

BY REN DEPUTY

Order Form No.:	WCTXVTP09212021
Customer Name:	Webb County TX Regional Veterans Treatment Program
Project Name:	AIMS Annual Subscription
Customer Contact:	Jerry Alva, galva@webbcountytx.gov , 956.523.4872
AutoMon Contact:	Ramona Kofoed, rkofoed@automon.com , 480.359.8555 x110

This Order Form incorporates by reference the **Master Subscription Agreement for Ce Connect Products**, a copy of which has been attached. Capitalized terms used herein but not defined in this Order Form have the meanings given to them in the Master Subscription Agreement. Upon completion and execution by the parties, this Order Form shall be considered binding.

Purchased Services – Annual Subscription Fees

Product(s)	Annual Subscription Term/Notes	Line Amount
AIMS	Annual Product Subscription License(s). Year 3 Subscription Dates of 7/1/2021 - 6/30/2022 . Limited to use by <i>Webb County TX Regional Veterans Treatment Program</i>	\$5,512.50
<i>Purchased Services Total</i>		\$5,512.50

AUTOMATIC RENEWAL:

- Purchased Services WILL automatically renew for successive one (1) year periods.
- Purchased Services WILL NOT automatically renew and shall expire at the end of the current term.



PAYMENT TERMS:

Invoice shall be issued ninety (90) days prior to term start date. All invoices are due Net 30 Days.

GENERAL NOTES:

- The pricing, discounts and inclusions shown in this Order Form are subject to revocation if a signed Order Form is not received by AutoMon before the close of business on the Order Expiration Date set forth above.
- Purchased Services shall automatically renew at the end of the current term.
- Annual Subscription shall include software license, Hosting, updates, upgrades, Maintenance and Support as defined in the Master Subscription Agreement.
- Additional work or services requested, such as customizations, localization tasks or interoperability with third-party systems, shall be billed as Time & Materials (based on current-year hourly rate) and will require a separate Work Order. The Annual Subscription Fee(s) may be subject to a 20% annual services surcharge and will be reflected in the Work Order provided to the Customer.
- Proposed Ce Connect Product(s) and Service(s) is for the exclusive use by **Webb County TX Regional Veterans Treatment Program.**
- Annual Subscription rates are subject to annual price escalation equal to 5% for any renewal or extended term.
- AutoMon Software Maintenance Services, Customer Handbook, Version 6.2, Effective Date: May 29, 2019 is incorporated by reference to this Order Form.

By signing below, I represent that I am validly authorized to enter into this Order Form and related Master Subscription Agreement, and accept their terms and conditions.

406tj Judicial District of Texas

1110 Victoria St., Suite 402
Laredo, TX 78040
Phone: 956.523.4954

AutoMon, LLC

6621 N. Scottsdale Road
Scottsdale, AZ 85250
Phone: (480) 368-8555

By:

Name (Print):

Tano E. Tijerna

Title:

County Judge

Date:

11-22-2021

By:

Name (Print):

Scot Asher

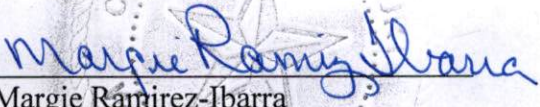
Title:

Vice President, Sales & Marketing

Date:

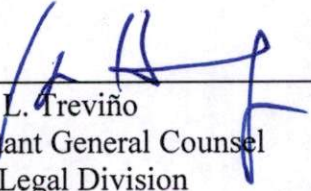
09/21/2021

ATTESTED:



Margie Ramirez-Ibarra
Webb County Clerk

APPROVED AS TO FORM:



Jorge L. Treviño
Assistant General Counsel
Civil Legal Division

The General Counsel, Civil Legal Division's Office may only advise or approve contracts or legal documents on behalf of its clients. It may not advise or approve a contract or legal document on behalf of other parties. Our review of this document was conducted solely from the legal perspective of our client. Our approval of this document was offered solely for the benefit of our client. Other parties should not rely on this approval, and should seek review and approval of their own respective attorney(s).

*Passed and approved by the Webb County Commissioners Court
On October 8, 2021; item 11.c.*



ADDITIONAL INFORMATION

BILLING CONTACT:

Name: _____

Title: _____

Phone: _____

Email: _____

Address: _____

City: _____ ST _____ Zip _____

INSURANCE INFORMATION:

Insurance Certificates to be sent to:

Name: _____

Email: _____

Name to appear on Insurance Certificate:

Address to Appear on Insurance Certificate:

City: _____ ST _____ Zip _____

Required Additional Insured Verbiage:

Worker's Compensation Insurance Required? **YES** **NO**