

## Select Enrollment

## State and Local

Enrollment number (Microsoft Affiliate to complete)		Proposal ID (Reseller to complete)	
Previous Enrollment, agreement or auth number (if renewing Software Assurance)(Reseller to complete)		Earliest expiring previous Enrollment end date <sup>1</sup> (Reseller to complete)	

<sup>1</sup> If consolidating from multiple previous Enrollments with Software Assurance, complete the multiple previous Enrollment form and attach it to this Enrollment.

**This Enrollment must be attached to a signature form to be valid.**

This Microsoft Select Enrollment is entered into between the entities, as of the effective date identified on the signature form.

This Enrollment consists of (1) This Enrollment, (2) the terms of the Select Agreement identified on the signature form and all attachments identified therein.

Enrolled Affiliate agrees to purchase Licenses equal to at least 750 points during the initial term of this Enrollment.

All terms used but not defined are located at <http://www.microsoft.com/licensing/contracts>.

**Effective date.** If Enrolled Affiliate is renewing Software Assurance coverage from one or more previous Microsoft agreements, then the effective date of this Enrollment will be the day after the earliest expiration of such coverage. Otherwise the effective date will be the date this Enrollment is processed by Microsoft.

**Term.** This Enrollment will expire on the date the Microsoft Select Agreement identified on the signature form expires.

**Qualifying systems Licenses.** The operating system Licenses granted under this program are upgrade Licenses only. *Full operating system Licenses are not available under this program.* If Customer selects the Windows Desktop Operating System Upgrade, all Qualified Desktops on which the Customer runs the Windows Desktop Operating System Upgrade must be licensed to run one of the qualifying operating systems identified in the Product List at <http://www.microsoft.com/licensing/contracts>. Exclusions are subject to change when new versions of Windows are released.

In order to use a third party to reimage the Windows Operating System Upgrade, Enrolled Affiliate must certify that it has acquired qualifying operating system licenses. See the Product List for details.

### 1. Contact information.

Each party will notify the other in writing if any of the information in the following contact information page(s) changes. The asterisks (\*) indicate required fields. By providing contact information, Enrolled Affiliate consents to its use for purposes of administering this Enrollment by Microsoft, its Affiliates, and other parties that help administer this Enrollment. The personal information provided in connection with this Enrollment will be used and protected in accordance with the privacy statement available at <https://licensing.microsoft.com>.

- a. **Primary contact information.** Enrolled Affiliate must identify an individual from inside its organization to serve as the primary contact. This contact is also an Online Administrator for the Volume Licensing Service Center and may grant online access to others.

**Name of entity: (must be legal entity name)\*** Pacific County  
**Contact name\*: First** Andrew **Last** Seaman

**Contact email address\*** aseaman@co.pacific.wa.us  
**Street address\*** 300 Memorial Dr  
**City\*** South Bend **State\*** WA **Postal code\*** 98586  
**Country \*** USA  
**Phone\*** 360-875-9368 **Fax** 360-875-9377  
**Tax ID** N/A

- b. **Notices and online administrator.** This individual receives contractual notices. They are also the Online Administrator for the Volume Licensing Service Center and may grant online access to others.

☐ Same as primary contact

**Name of entity (must be legal entity name)\***

**Contact name\*: First**

**Last**

**Contact email address\***

**Street address\***

**City\***

**State\*** WA **Postal code\***

**Country\*** USA

**Phone\***

**Fax**

- c. **Language preference.** Select the language for notices. English
- d. **Microsoft account manager.** Provide the Microsoft account manager contact for this Enrolled Affiliate.

**Microsoft account manager name:**

**Microsoft account manager email address:**

- e. If Enrolled Affiliate requires a separate contact for any of the following, attach the Supplemental Contact Information form. Otherwise, the notices contact remains the default.

- Additional notices contact
- Software Assurance manager
- Subscription manager
- Online Services manager
- Customer Support Manager (CSM) contact

- f. Is a purchase under this Enrollment being financed through MS Financing? ☐ Yes, ☒ No.

- g. **Reseller information.**

**Reseller company name\***

**Street address (PO boxes will not be accepted)\***

**City\***

**State\***

**Postal Code\***

**Country\***

**Contact name\***

**Phone\***

**Fax**

**Contact email address\***

The undersigned confirms that the information is correct.

<b>Name of Reseller*</b>
<b>Signature *</b> _____
<b>Printed name*</b>
<b>Printed title*</b>
<b>Date*</b>

**Changing a Reseller.** If Microsoft or the Reseller chooses to discontinue doing business with each other, Enrolled Affiliate must choose a replacement Reseller. If Enrolled Affiliate or the Reseller intends to terminate their relationship the initiating party, it must notify Microsoft and the former Reseller using a form provided by Microsoft at least 90 days prior to the date on which the change is to take effect.

## **2. Software Assurance Membership election.**

To become a Software Assurance Member, Enrolled Affiliate must agree to purchase and maintain Software Assurance for all copies of all Products licensed under this Enrollment from at least one Product pool. For a description of benefits resulting from choosing one or more Product pools below and additional details regarding the Software Assurance Membership program, please consult with the Reseller or Microsoft account manager.

For each Product pool, mark "yes" or "no" to indicate whether Enrolled Affiliate is committing to purchase and maintain Software Assurance for all copies of all Products licensed from that pool under this Enrollment.

Product pools	Yes	No
Applications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Servers	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Note: If "Yes" is marked, all orders for Licenses must have Software Assurance.

## **3. Renewing Software Assurance.**

If Enrolled Affiliate is renewing Software Assurance from multiple Select programs or consolidating other previous Enrollments or agreements (including Open authorizations) into this Enrollment please complete the multiple previous Enrollment form and attach it to this Enrollment. The earliest expiring previous Enrollment/agreement which contains Software Assurance is to be inserted on the signature form. If only one previous Enrollment/agreement is renewing, please insert that previous number on the signature form.

## Program Signature Form

MBA/MBSA number

Agreement number

SGN-

Proposal ID

**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
<Choose Agreement>	
<Choose Agreement>	
<Choose Agreement>	
<Choose Agreement>	
<Choose Agreement>	
Select Enrollment	X20-02347
<Choose Enrollment/Affiliate Registration Form>	
<Choose Enrollment/Affiliate Registration Form>	
<Choose Enrollment/Affiliate Registration Form>	

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	Microsoft Affiliate
Name of Entity (must be legal entity name) * Pacific County	Microsoft Licensing, GP
Signature *	Signature
Printed Name * Norman B. Cuffel	Printed Name
Printed Title * Chair Pacific County BOCC	Printed Title
Signature Date *	Signature Date (date Microsoft Affiliate countersigns)

<b>Tax ID</b> N/A	<b>Effective Date</b> (may be different than Microsoft's signature date)
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\* indicates required field

Optional 2<sup>nd</sup> Customer signature or Outsourcer Signature (if applicable)

<b>Customer</b>	<b>Outsourcer</b>
<b>Name of Entity</b> (must be legal entity name) *	<b>Name of Entity</b> (must be legal entity name) *
<b>Signature</b> *	<b>Signature</b> *
<b>Printed Name</b> *	<b>Printed Name</b> *
<b>Printed Title</b> *	<b>Printed Title</b> *
<b>Signature Date</b> *	<b>Signature Date</b> *

If Customer requires physical media, additional contacts, or is reporting multiple previous Enrollments, include the appropriate form(s) with this signature form. If no media form is included, no physical media will be sent.

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 Licensing, GP**  
 Dept. 551, Volume Licensing  
 6100 Neil Road, Suite 210  
 Reno, Nevada 89511-1137  
 USA

<b>Prepared By:</b> Name of Preparer Email of Preparer
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