U.S. Quote / Order Form

Quote #: 43034

1. REGISTRATION

Hani Al-Zaid Name Tel 614-645-6391

Email haalzaid@columbus.gov Company Address

City of Columbus 109 North Front Street

City/St/Zip

Columbus OH 43215-9024

Country

U.S.

2. PRODUCT(S)

Fax

Product	License#	Version	Туре	Net Type	Map Expiry	Users	Price	Balance
AutoTURN Pro	New	8.0	Network	LAN		2	\$7,335.00	\$7,335.00
AutoTURN Pro MAP	New	N/A	Network	LAN	6/30/2012	2	\$1,470.00	\$1,470.00
- New network license o - AutoTURN MAP is a ye					support for a 1	2 month to	erm.	

rncing valid 11/30/2011 DOWNLOAD

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	Automatic Maintenance Assurance Program Renewal Plan
L	Our Maintenance Assurance Program (MAP) is renewable each year.
	Lagree to participate in the MAP Renewal Plan and Lagree to purchase such MAP Renewal Plan on a yearly basis. Lauthorize Transoft Solutions Inc. to invoice me yearly for the MAP Renewal Plan.
	I understand that this will be an annual recurring purchase and I do not need to submit a purchase order.
	I may cancel this request by contacting Transoft Solutions Inc. at 604-244-8387 or emailing sales@transoftsolutions.com a minimum of 60 days prior to the MAP expiration date.

3. DISCLAIMER (must be signed with every software order)

The following disclaimer MUST be read and signed by the Purchaser before any software can be shipped. Signing indicates acceptance of the terms of the disclaimer. The signed disclaimer must accompany your order. Transoft Solutions Inc. and its affiliated companies, directors, employees and contractors (its "Representatives") shall incur no liability, loss or damage caused or alleged to be caused directly or indirectly by the above software program (the "Software") and related program materials being purchased, including, but not limited to, any interruption of service, loss of business or anticipated profits, or consequential damages resulting from the use or operation of the software or from any use of output produced by the Software. Any liability of Transoft Solutions Inc. and its Representatives is limited exclusively to product replacement of the Software and accompanying materials.

Print full name	Signature	Date	

Complete Next Page for Payment and Shipping Information

If paying via check, please fax a signed copy of the order form to 604-244-1770 or email it to sales@transoftsolutions.com						
(Transoft Solut card # expiry # name signature security code	(on back of credit card)	purchase Order purchase order number A copy of the PO referenced above must be faxed with this form to 604.244.1770 or email to sales@transoftsolutions.com	Check (payable to) Transoft Solutions Inc. Suite 250 13575 Commerce Parkway Richmond, BC Canada V6V 2L1			
reuerar rax iD # (required for US orders)					
5. SHIP TO same as register to (Page 1) shipping address to be used is attached (PO) see below Contact Address Tel City/State/Zip Email						
5. BILL TO same as register to (Page 1) shipping address to be used is attached (PO) see below Contact Address						
Tel	Cit	y/State/Zip				
g-con		a a il				
Internal Use only						
Move Licenses:	From Client #	To Client #				
Combine Licenses:	Valid License # Inval	idate License #(s)	Sent to IT			
Sourheady						
Shipping Requirements:	Full Package CD Only	garanteen garanteen	nipment required			
Addition Shipping / Billing instructions:						
Order Processed by:	Order Processing date	: Verified by:				
License #(s)	Invoice #	UPS # 1ZA6\	W91066			

43034 Created: 6/15/2011 Account Manager: Irma de Leon