



RENEWAL QUOTE

Nearmap US, Inc.
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Customer Name	City of Broken Arrow, OK	Quote Number	Q103530
Contract Commencement	Contract commences upon signing of quote.	Quote Expiry	10/19/2024
Subscription Term	12 Month	Account Rep	Stephanie Simister stephanie.nagle@nearmap.com
Subscription Start Date	10/19/2024	Payment Term	Net 30
		Payment Method	Invoice
Bill To	City of Broken Arrow, OK Heather Leader Broken Arrow, Oklahoma, 74013 918-259-7000 hleader@brokenarrowok.gov	Ship To	City of Broken Arrow, OK Heather Leader Broken Arrow, Oklahoma, 74013 918-259-7000 hleader@brokenarrowok.gov

PRODUCT	ALLOWANCE	COVERAGE	SEATS
ArcGIS Integration	NA	NA	NA
Nearmap Oblique for Government	NA	Nationwide	Unlimited
		Subtotal	\$28,645.20
		*Estimated Tax	\$0.00
		Total	USD \$28,645.20

*The Total includes applicable sales tax for the state which the Licensee is located. If an exemption from sales tax is applicable to the Licensee, the Licensee shall provide to Nearmap, in accordance with state law, relevant tax-exemption documentation. It will be the responsibility of the Licensee to ensure proof of tax-exempt status remains current for subsequent renewals of the Agreement.

ACCEPTANCE OF Q103530 will constitute an Agreement with Nearmap

By selecting **"Yes"** or **signing below**, you acknowledge that (a)(i) the Additional Terms and Conditions of the previous Agreement between the Licensee and Nearmap applies to this Renewal Quote, unless otherwise specified in Schedule 1 of this Renewal Quote, and (ii) the Product-Specific Terms set out in <https://www.nearmap.com/us/en/legal/product-agreements> applies to this Renewal Quote, (b) you have the authority to agree to this Renewal Quote, (c) you agree to pay the fees set forth herein. You acknowledge that the Coverage Area by Nearmap is outlined at <https://www.nearmap.com/us/en/current-aerial-maps-coverage>.

Note: The terms of your Agreement remain the same unless varied by this Renewal Quote. The total in this Renewal Quote is only an estimate of your next invoice. Final credits and amendments to the subscription is dependent upon the date this Renewal Quote is accepted.

Signature / Digital Acceptance:

Date:

Full Name:

Position:

PO Number (if required):

If printed, please sign, scan and email to: orders.us@nearmap.com

Schedule 1

Additional Terms and Conditions