

Program Signature Form

MBA/MBSA number		Management of a Street and a second a second and a second
Agreement number	01E73411	

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
Enterprise Enrollment (Indirect)	X20-10634
Product Selection Form	0764341.004_PSF

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
Name of Entity (must be legal entity name)* City of Broken Arrow Signature*
Printed First and Last Name* Craig W. Thurmond Printed Title Mayor
Signature Date* September 19, 2018
Tax ID 529572

Microsoft Affiliate				
Microsoft Corporation				
Signature				
Printed First and Last Name				
Printed Title				
Signature Date (date Microsoft Affiliate countersigns)				
Agreement Effective Date (may be different than Microsoft's signature date) NARROW				

ATTEST:

(Seal) CITY CLERK

ProgramSignForm(MSSign)(NA,LatAm)ExBRAMLI(ENG)(Aug20

APPROVED AS TO FORM:

ASSISTANT CITY AFTORNEY

^{*} indicates required field

Optional 2nd Customer signature or Outsourcer signature (if applicable)

Customer				
Name of Entity (must be legal entity name)*				
Signature*				
Printed First and Last Name*				
Printed Title				
Signature Date*				

Outsourcer Name of Entity (must be legal entity name)* Signature* Printed First and Last Name* Printed Title Signature Date*

If Customer requires physical media, additional contacts, or is reporting multiple previous Enrollments, include the appropriate form(s) with this signature form.

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 Corporation

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

^{*} indicates required field

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