

SECTION A: CUSTOMER INFORMATION			Little division		
Customer Name ("Customer"): City of Galion Health Dept		Norstan Communications, Inc. dba Black Box Network Services ("Black Box")			
Sold to Number: 10021701		9155 Cottonwood Lane Maple Grove, MN 55369			
Principal Address/Job Address		Billing Address:			
113 Harding		113 Harding			
Galion, OH 44833		Galion, OH 44833			
Tax ID Number:		The terms of the Agreement shall govern this order.			
			7-10		
				MOA	
				Hosted/Cloud	
				Other: Sec E	
SECTION B: PAYMENT TERMS (EXCLUDING TAXES)			Sample of the same		
UCC:		Cabl	ling/Infrastruct	ure Services:	
Total Price: \$N/A		Total Material	\$N	/A	
		Total Labor	\$N	/A	
Invoice/Payment Terms:					
80% Due Upon Hardware/Software Delivery*		Total Price	\$N	/A	
20% Due Upon Cutover*					
		Invoice/Payment Terms	:		
* Net 30 days from date of invoice.		100% Materials due upon delivery*			
		Labor monthly progress	payments*		
		Hourly Rates (if applicat	ole)		
		\$ NA /hour standard time			
		\$ NA /hour non-			
		* Net 30 day from date	of invoice		
SECTION C: SERVICES (MAINTENANCE, SUPPORT,	MANAGED	SERVICES, AND/OR HOSTE	ED/CLOUD)		
Service Fee (excluding applicable taxes):		\$1,450.00	1		
Commencement Date:	12/18/21 through 12/17/22		j		
Term of Order (if Applicable)	12 Months				
Black Box Maintenance Invoice Cycle:	Annual in Advance				
Software Support Invoice Cycle:	Α	nnual in Advance			
SECTION D: ATTACHMENTS	SIMPLE STREET	lies bearing the second	POR NUMBER	PARKS ALKSTRAGE	
Schedule A					
SECTION E: TERMS AND CONDITIONS	7 755 B			White the fact that the same of the same o	
	a conarato y	written agreement for the	aguinment or s	arvices set forth in this Order	
Unless Customer and Black Box have entered into a separate written agreement for the equipment or services set forth in this Order Form, the following terms and conditions shall apply to this order: https://www.bboxservices.com/legal/terms-conditions-of-sale.					
orm, the following terms and conditions shall app	iy to tilis of	der. nttps://www.bboxser	vices.com/ legal	, terms-conditions-or-sale.	
SECTION F: SIGNATURES			A Salk (Carl)		
City of Galion Health Dept		Norstan Communications, Inc. dba Black Box Network Services ("Black Box")			
BY A / B.		BY:			
Nnarea Darnes					
(Authorized Signature)			(Authorized Signature)		
NAME (please print): Andrea Barnes		NAME:			
TITLE: REHS Interim Health Commissioner					
DATE: [2/28/202]		DATE:			