

INVOICE

PEARSON

INVOICE NUMBER:

8417917

510 us_mess combo

INVOICE

TAX ID NO.:

41-0850527

DATE: 24-JUN-11

Page 1 of 1

CUSTOMER NO.: 1057750

CREDIT REF. NO.:

BILL TO:

LOCATED AT:

ATTN: ACCOUNTS PAYABLE
WARREN COUNTY SD
185 HOSPITAL DR
WARREN, PA 16365

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185 HOSPITAL DR
WARREN, PA 16365

Reference Number: OUP-557947

PURCHASE INFORMATION		SHIPPING INFORMATION		PAYMENT INFORMATION		
PURCHASE ORDER:		(MOST RECENT SHIPMENT)		TERMS:	PAY ON RECEIPT	
CUSTOMER CONTRACT NUMBER:		SHIP DATE:		DUE DATE:	24-JUN-11	
		CARRIER:		CONTACT:	Customer Service	
NCS CONTRACT NUMBER:		B/L NUMBER:			888-977-7900	
					480-323-2904 (Fax)	
					renewalsupport@pearson.com (e-mail)	
		DESCRIPTION	U/M	QTY	UNIT PRICE	EXTENDED PRICE
		SUCCESSMAKER MAINT & SUPPORT DIRECT RESPONSE CONCURRENT LICENSE FOR PERIOD 24-JUN-11 THROUGH 23-JUN-12	Each	1	15,642.00	15,642.00
INVOICE SUMMARY:						
TOTAL FOR ALL LINE ITEMS						15,642.00
						0.00
						0.00
						0.00
SM DIRECT RESPONSE MAINTENANCE AND SUPPORT						
For on-line access to your account, please register at https://pay.pearson.com/OA_HTML/SelfRegistration.jsp (URL is case sensitive)						
THIS IS YOUR ANNUAL SUPPORT/SUBSCRIPTION RENEWAL. A NEW PURCHASE ORDER IS REQUIRED. TO AVOID CANCELLATION OF YOUR PHONE SUPPORT, PRODUCT UPDATES, OR HOSTED PRODUCT PLEASE WORK WITH YOUR DIRECTOR OF TECHNOLOGY OR APPROPRIATE PARTY TO ESTABLISH AND APPROVE A CURRENT YEAR PO AND PAYMENT FOR THIS ANNUALLY RECURRING INVOICE. IF YOU ARE NOT RENEWING, PLEASE FAX WRITTEN NOTIFICATION TO 480-323-2904.						
SUBTOTAL					15,642.00	15,642.00
TAX					0.00	0.00
TOTAL						15,642.00

Remit by Check to:

NCS PEARSON, INC.
13036 COLLECTION CENTER DRIVE
CHICAGO, IL 60693

Remit by Wire or ACH to:

Bank of America - Account Name: NCS Pearson Inc.