

# **Epic Live Order Agreement**

### Prepared By

Name: Mitsuka	Email: akira.mi	tsuka@stormwindlive.com Pr	none:
Order Info			
Order Number: 00070518	Order Date:	09/27/2021 Quote Exp. Da	te: 10/04/2021
Access Term: 12	Order Type:	Upsell Access D	ate: 09/27/2021
Account Name: Warren County School	District	Contact Name: Paul Leach	
Phone: (814) 734-5610 Account ID	0018000001DJxOMA	A1 Email: leachp@wcsdpa.org	
Shipping Info			
Shipping Name: Paul Leach		Shipping Email: leachp@wcsd	pa.org
Shipping Address:6820 Market Street			
City: Russell	State:	Pennsylvania	Zip:16345
Billing Info			
Billing Name: Paul Leach		Billing Email: leachp@wcsdpa.c	org
Billing Address: 6820 Market Street			
City: Russell	State:	Pennsylvania	Zip: 16345

Product	Product Code	Qnty	Sales Price	Total Price
Ultimate Access	AAXMO	2.00	695.00	695.00

#### Notes and Special Instructions

Notes and Special Instructions	Sub Total	\$ 1390.00
Ultimate Access includes unlimited access to all current and future, live instructor led and self-paced classes and all associated books, labs, practice exams and mentoring for 12 months. Excludes certified VMware class.	Discount	\$ 0.00
	Total	\$ 1390.00





**Epic Live Order Agreement** 

Preferred payment option:

Purchase Order (Please email a copy to Preparer)

Purchase Order #	:				
Credit Card					
CC#:		E	xp:		CID:
Cardholder Name	:				
Cardholder Addre	ss:				
City:		State:			Zip:
Cisco Learning	Credits				
SO#:			Expiration Date:		
Students Being	Enrolled				
Student 1 Name:				Phone:	
Title:			Email:		
Student 2 Name:				Phone:	
Student 3 Name:				Phone:	
Title:			Email:		
l itle:			Email:		
Student 5 Name:				Phone:	
Title:					

\* If more than 5 students please contact Customer Service for enrollment: (480) 800-0054 or support@stormwind.com.

StormWind, LLC Dept 3602 PO Box 123602 Dallas, TX 75312-3602

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## **Epic Live Order Agreement**

# **Terms and Conditions**

Agreement & Acceptance: The person signing this StormWind Epic Live Order Agreement on behalf of Customer hereby confirms that he/she has been duly authorized by Customer to execute it and legally commit Customer to the terms set forth herein. He/she also acknowledges having read and, on behalf of Customer, agreed to the terms and conditions set forth via the link below which governs this Order Agreement.

#### http://www.stormwindstudios.com/privacy/

http://www.stormwindstudios.com/terms-conditions/

Client Signature:	Date:	Title:
	09/28/2021	
StormWind Manager Signature:	Date:	
StormWind Finance Signature:	Date:	
Make all checks payable to StormWind LLC		

Tax ID: 26-4656059 Phone: 480.889.9966

StormWind, LLC Dept 3602 PO Box 123602 Dallas, TX 75312-3602

