



Microsoft Select **Enrollment**- State and Local

Microsoft Business Agreement number (if applicable) <i>Reseller or Microsoft affiliate to complete</i>		Enrollment number <i>Microsoft affiliate to complete</i>	
Select Agreement number <i>Reseller or Microsoft affiliate to complete</i>		Previous agreement number <i>Reseller to complete</i>	
Select Agreement Expiration Date <i>Reseller or Microsoft affiliate to complete</i>		Previous agreement end date <i>Reseller to complete</i>	

This Microsoft Select Enrollment is entered into between the following entities. Each party will notify the other in writing if any of the information in the following table changes.

Customer		
Name of Entity	Contact Name <small>(This person handles access to online information, and receives notices unless a different contact is provided below.)</small>	
Street address	Contact E-mail Address (required for online access)	
City	State/Province	Phone
Country	Postal code	Fax
Microsoft Account Manager Name	Microsoft Account Manager E-mail	
Contracting Microsoft Affiliate		
Microsoft Licensing, GP - 6100 Neil Road, Suite 210 - Reno, Nevada USA 89511-1137 - Dept. 551, Volume Licensing		

If online access and notices should be provided to someone or some place other than above, complete this section:		
Name of Entity	Contact name	
Street address	Contact e-mail address	
City	State/Province	Phone
Country	Postal code	Fax

If duplicate electronic contractual notices should be provided to someone or some place in addition to the above, complete this section:

Name of Entity		Contact Name
Street Address		Contact Email Address (required for electronic notices)
City	State/Province	Phone
Country	Postal Code	Fax

Definitions. When used in this enrollment, “you” refers to the entity that signs this enrollment with us and “we” or “us” refers to the Microsoft entity that signs this enrollment. All other definitions in the Microsoft Select Agreement identified above apply here.

Effective date. If you are renewing Software Assurance coverage (or similar upgrade protection) from one or more previous Microsoft agreements, then the effective date of this enrollment will be the day after the earliest expiration of such coverage. Otherwise the effective date will be the date this enrollment is signed by us. Where a previous Microsoft agreement is being used, your reseller will require the agreement number and agreement end date to complete the applicable boxes above.

Term. This enrollment will expire on the date on which the Microsoft Select Agreement expires, unless it is terminated earlier as provided for in that Agreement.

Representations and warranties. By signing this enrollment, the parties agree to be bound by the terms of this enrollment, and you represent and warrant that: (i) you have read and understood the Microsoft Business Agreement (if any) and the Microsoft Select Agreement, including any amendments to those documents, and the product use rights, and agree to be bound by those; (ii) you are either the entity that signed the Microsoft Select Agreement or its affiliate; (iii) *during the initial term of this enrollment you do not expect to purchase licenses equal to at least 750 points and will not receive a free Select kit*; and (iv) the information that you provide on each of the attached forms is accurate. *If you would like to receive shipments of CD-ROM kits you may order them through your reseller for a fee.*

Non-exclusivity. This enrollment is non-exclusive. Nothing contained in it requires you to license, use or promote Microsoft software or services exclusively. You may, if you choose, enter into agreements with other parties to license, use or promote non-Microsoft software or services.

Microsoft Volume Licensing Web Sites

(Note: We will advise you of any changes to these URLs.)

Product Use Rights	http://microsoft.com/licensing/resources
Product List	http://microsoft.com/licensing/resources
Microsoft Volume Licensing Services (MVLS) (password protected site to view orders under this enrollment)	https://licensing.microsoft.com

Notices to Microsoft should be sent to:	Copies should be sent to:
Microsoft Licensing, GP 6100 Neil Road, Suite 210 Reno, Nevada USA 89511-1137 Dept. 551, Volume Licensing	Microsoft Law and Corporate Affairs One Microsoft Way Redmond, WA 98052 USA Volume Licensing Group (425) 936-7329 fax

This enrollment consists of (1) this cover page, (2) the Software Assurance Election Form, and (3) the Reseller Information Form.

Customer	Contracting Microsoft Affiliate
Name of Entity	Microsoft Licensing, GP
Signature	Signature
Printed name	Printed name
Printed title	Printed title
Signature date	Signature date <i>(date Microsoft affiliate countersigns)</i>
	Effective Date <i>(may be different than our signature date)</i>

Software Assurance Election Form

1. Software Assurance Membership election:

To become a Software Assurance Member, you must agree to purchase and maintain Software Assurance for all copies of all products licensed under this enrollment from at least one product pool. For a description of benefits resulting from choosing one or more product pools below and additional details regarding the Software Assurance Membership program, please consult your reseller or Microsoft account manager.

For each product pool, mark the “yes” or “no” to indicate whether you are committing to purchase and maintain Software Assurance for all copies of all products licensed from that pool under this enrollment.

Product Pools	Yes	No
Applications	<input type="checkbox"/>	<input type="checkbox"/>
Systems	<input type="checkbox"/>	<input type="checkbox"/>
Servers	<input type="checkbox"/>	<input type="checkbox"/>

Note: If you mark “Yes”, we will not accept orders for Licenses without Software Assurance.

2. Election to renew Software Assurance (or similar upgrade protection):

If you are renewing Software Assurance (or similar upgrade protection) from a previous Microsoft agreement, mark the box below and provide your previous enrollment number and enrollment end date or Microsoft Open License Authorization Number and end date to your reseller for it to complete the applicable boxes at the top of the cover page of this enrollment.

For an explanation of the circumstances under which you may renew, see subsection 3(a) (Placing orders) of the Select Agreement.

Yes, I am renewing Software Assurance.

Reseller Information Form

Use this form to identify your selected reseller and have your reseller complete the information below and acknowledge your selection by signing below.

Reseller Information:
Reseller Company Name
Street address
City and State/Province and Postal Code
Country
Contact name
Phone
Fax
Email address

The undersigned confirms that the Reseller information is correct.

Name of Reseller
Signature
Printed name
Printed title
Date