

| Payment Te N/A | rms: Freight Terms: N/A | Ship Via: N/A | PCC: D | PO Date: 04/15/2024 | PO End Date: | PO Method: IT | Dispatch: Dispatch Via P | Rev Dt: rint | |
|------------------------------|--|-------------------------|-----------|----------------------------|-------------------|-------------------------|---|-----------------|--|
| PLEASE NO | TE: ADDITIONAL TERM | IS AND CONE | | AY BE LISTED A | AT THE END OF THE | PURCHASE OR | DER. | | |
| Vendor: | CONSUMERINFOCOM DBA EXPERIAN P O BOX 841971 LOS ANGELES CA 900 United States | - | | | Ship To: | 440 RM AUS | Texas Workforce Commission 4405 SPRINGDALE RD RM 414M AUSTIN TX 78723 United States | | |
| | | | | | Bill To: | APF | PO@twc.texas.go | v or | |
| Vendor ID: | 1954465932 003 | | | | | 101 | as Workforce Cor E 15TH ST 470 | nmission | |
| Purchaser: Phone: Fax: | Kelly A Hall (737) 667-5150 | | | | | | STIN TX 78778-00 ed States | 001 | |
| Email: | kelly.hall@twc.texas.gov | / | | | | TW | C Prefers Electro | onic Submission | |
| PO Inform | ation: | | | | | | | | |

Per Experian corresponding Order Form dated 04/15/2024

By acceptance of this purchase order, Vendor agrees that only TWC Standard Terms Conditions Revised 01/30/2024 (ATTACHMENT I) apply to this order.

This purchase is according to Delegated AIS not on DIR contract per 34 Texas Administrative Code § 20.391.

State Agencies are granted an exemption from the statutory requirement to purchase IT commodities through a DIR contract for procurements not to exceed \$10,000. In other words, State Agencies may purchase IT commodity items outside of the DIR Cooperative Contracts program if the purchase does not exceed \$10,000.

Requestor: Name: London Baird Tel: +1 (512) 936-4032 E-mail: london.baird@twc.texas.gov

Vendor Contact: Name: Customer Service Tel: 714 830 7000

Submit invoices via email to APPO@twc.texas.gov and the Contract Manager listed above. PDF or Word Documents only are accepted. All Invoices must include reference to TWC Internal PO.

Change orders will be allowed only if unforeseen conditions arise such as, but not limited to, increasing or decreasing quantities or if the department needs dictate changes. All changes must be in the scope of original work. No verbal change orders will be permitted. All change orders must be in writing with a Purchase Order Change Notice (POCN) issued by Purchasing HUB Services.

| Authorized Signature | |
|--------------------------|-------------------|
| Sonya Bebley, CTCD, CTCM | |
| Sonya Bebley, CTCD, CTCM | <u>04/15/2024</u> |



| Line-Sch: 1-1 | Line Description: Experian Identity Protection Restoration Fee | PCA: 13069 | Class/Item: 990/48 | Quantity: 1.0000 | UOM: LOT | Unit Price: \$2.12000 | Extended Amt: \$2.12 | Due Date: 04/15/2024 |
|---|--|---|---|---|---|--|---|---|
| | | | | | | | Schedule Total | \$2.12 |
| | | | | | <u>ReqID:</u> 000004 | | | |
| | | | | | | | | |
| | | | | | | Item ⁻ | Fotal for Line # 1 | \$2.12 |
| Line-Sch: 2-1 | Line Description: Experian Identity Protection Activation Fee | PCA: 13069 | Class/Item: 990/48 | Quantity: 1.0000 | UOM: EA | Unit Price: \$21.16000 | Extended Amt: \$21.16 | Due Date: |
| | FIDIECTION ACTIVATION FEE | | | | | | | |
| | | | | | <u>ReqID:</u> | | Schedule Total | \$21.16 |
| | | | | | 000004 | 6950 | | |
| | | | | | | | | |
| | | | | | | Item 1 | Fotal for Line # 2 | \$21.16 |
| | | | | | | 1 | otal PO Amount | \$23.28 |
| | ts, Shipping papers, invoices a prized by Purchaser prior to Sh | | ondence must b | e identified w | ith our Purcha | ise Order Numb | er. Over shipments will | not be accepted |
| | | | | | | | | |
| This will be quotation, th otherwise st FOB destina * PAYMENT | T CONDITIONS OF ORDER your authority to deliver, in acc ne articles or services listed be ipulated, freight charges are in ation and charges added to the cannot be made until ALL iter | low. Contai icluded in the invoice. ms on this o | iners, invoices a he unit price. If v order are receive | nd correspond ve previously ed, inspected | dence relative agreed to pay and accepted | to this order mu transportation of unless we previ | ist bear the purchase of charges, shipments are cously agreed to a partia | rder number. Unless to be made prepaid |
| | es MUST match this PO by Lir subject to TWC Terms and Co | | | iantity, Amou | int and include | e Delivery Date | for Prompt Payment. | |
| Tax Exempt | f Texas is exempt from all Fed ID -742764775. CITY SALES TAX EXEMPTIC | | | dersigned clai | ms an exemp | tion from taxes (| under Texas Tax Code, | Section 151.309(4), |

STATE and CITY SALES TAX EXEMPTION CERTIFICATE: The undersigned claims an exemption from taxes under Texas Tax Code, Section 151.309(4), for purchase of tangible personal property described on this numbered order, purchased from contractor and/or shipper listed above, as this property is being secured for the exclusive use of the State of Texas.

| Authorized Signature | | | | | | | |
|--------------------------|-------------------|--|--|--|--|--|--|
| Sonya Bebley, CTCD, CTCM | | | | | | | |
| Sonya Bebley, CTCD, CTCM | <u>04/15/2024</u> | | | | | | |
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