

# LOS RIOS COMMUNITY COLLEGE DISTRICT

PURCHASING: (916) 568-3071 ACCOUNTING: (916) 568-3065

FAX: (916) 568-3145

**PURCHASE ORDER NO 0001077725**

PLEASE SEE REVERSE SIDE FOR SPECIAL INSTRUCTIONS, TERMS AND CONDITIONS.

<b>Date</b> 08/12/2014	<b>Revision</b>	<b>Page</b> 1
<b>Payment Terms</b> NET 30	<b>Freight Terms</b> Shipping Point	<b>Ship Via</b> Best Metho
<b>Reference:</b> 808268 WRIGHTM POONV		<b>Location / Dept</b> 04PR102 PE

**Vendor:** 0000035592  
OWN THE ZONE SPORTS  
2100 HAMPTON COURT  
CARROLLTON TX 75006

**Phone:** (972) 5146897  
**Fax:** (347) 7104938

**email:** CUSTOMERSUPPORT@OWNTHEZONESPORTS.COM

**Ship To:** FOLSOM LAKE COLLEGE  
RECEIVING  
10 COLLEGE PARKWAY  
FOLSOM CA 95630  
United States

**Bill To:** 1919 Spanos Court  
Sacramento CA 95825-3981  
United States

Tax Exempt? N	Use Tax Applicable: Y ✓	Line-Sch	Item/Description	Quantity	UOM	PO Price	Extended Amt	Due Date
		1- 1	STARTER PACKAGE / SOFTWARE WITH LARGE BLACK TRI WINDOW WRISTBAND	1.00	EA	249.95	249.95	08/26/2014
		2- 1	LARGE BLACK TRI WINDOW WRISTBAND	4.00	EA	10.95	43.80	08/26/2014
		3- 1	SHIPPING	1.00	EA	14.95	14.95	08/26/2014

ONLINE QUOTE DATED 7/10/14

FAX PO  
ATTN : LIAM WOODARD

<b>Sub Total Amount</b>	308.70
<b>Sales Tax Amount</b>	0.00
<b>Total PO Amount</b>	308.70

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	6493	12	FL.VI.AR05	08700	00000	700P	308.70	2015

Verification of this purchase order can be made using the Los Rios Community College District web site listed below. If you have any questions, please contact the Purchasing Office at (916)568-3071.

<http://www.loorios.edu/purchasing/povalidation>

All shipments, invoices, and correspondence must be identified with our Purchase Order Number. Overshipments will not be accepted unless authorized by Buyer prior to shipment.

**Authorized Signature**

*M. Waller* 6/14/2014

Notice to vendor: You are responsible for delivering goods and delivery documents to the Receiving Department at the site. Failure to do so will delay payment processing. Vendor is responsible for obtaining verification of delivery by authorized Receiving Room personnel. Receipt of goods by other parties and failure to obtain authorized signatures may also delay payment. NOTE: PAYMENT TERMS NET 30 MATERIAL SAFETY DATA SHEETS (MSDS) must be provided with the delivery of product as required by law.

## LOS RIOS COMMUNITY COLLEGE DISTRICT

American River College • Cosumnes River College • Folsom Lake College • Sacramento City College

### PURCHASE ORDER TERMS AND CONDITIONS

1. **APPLICABLE LAW:** The contract resulting from this order shall be governed by the laws of the State of California
2. **COMPLETION OF ORDERS:** LRCCD reserves the right to withhold payment until order is completed.
3. **DISCOUNTS:** Please show cash payment discount offered on your invoice in connection with any discount offered, time will be computed from date of delivery of the supplies or equipment, or from date correct invoices are received in the office specified by LRCCD if the latter date is later than the date of delivery. Payment is deemed to be made for the purpose of earning discount, on the date payment is mailed or on behalf of LRCCD.
4. **INVOICES:** Invoices shall be prepared and submitted in duplicate unless otherwise specified. Invoices shall contain Purchase order number, date, description of items, sizes and quantities, unit prices, extended totals, place and date of delivery. Invoices or vouchers not on printed bill heads shall be signed by the CONTRACTOR or person furnishing the supplies or services. Every invoice shall be properly itemized. If LRCCD has not received billing for product or services within a one year period LRCCD will not be held responsible for satisfying the debt.
5. **CHANGES:** No change or modification in terms, quantities, or specifications may be made without express authorization in writing from the LRCCD Purchasing Office and signed by the parties hereto, and no oral understanding or agreement not incorporated herein shall be binding on any of the parties hereto. If unit cost of any item exceeds the amount shown by 10% or \$250.00 whichever is less do not ship. Contact LRCCD Purchasing at the phone number provided.
6. **BILL OF LADING:** If Bill of Lading is applicable to this order, send originals to "Ship to" address and duplicate Bill of Lading with invoices to "Bill to" address. All correspondence, invoices, bills of lading, shipping memos, packages, etc., must show purchase order number. If factory shipment, advise factory to comply.
7. **TRANSPORTATION CHARGES:** Invoices for prepaid transportation charges must be supported by original receipted expense bills.
8. **FOB POINT AND FREIGHT CHARGES:** Unless otherwise specified on this order, all items shall be delivered FOB Destination. No charge for delivery, drayage, express, parcel post, packing, cartage, insurance, license fees, permits, or for any other purpose will be paid by LRCCD unless expressly included and itemized in the order. Unless otherwise shown, on "FOB Shipping Point" transactions, CONTRACTOR shall arrange for lowest cost transportation, prepay and add freight to invoice and furnish supporting freight bills if the amount exceeds \$50.00. On "FOB Shipping Point" transactions, should any shipments under this purchase order be received by LRCCD in a damaged condition and any related freight loss and damage claims filed against the carrier or carriers be wholly or partially declined with the inference that damage was the result of the act of the shipper such as inadequate packaging or loading or some inherent defect in the equipment and/or material, CONTRACTOR on request of LRCCD shall at CONTRACTOR's own expense assist LRCCD in establishing carrier liability by supplying evidence that the equipment and/or materials was properly constructed, manufactured, packaged, and secured to withstand normal transportation conditions. Shipments that are California intrastate in nature and where freight is to be borne by LRCCD shall be tendered to carriers with written instructions that rate and charges may not exceed the lowest lawful rates on file with the California Public Utilities Commission.
9. **PATENT INDEMNITY:** The CONTRACTOR shall hold LRCCD, its officers, agents and employees harmless from alleged liability of any nature or kind, including costs and attorney fees and expenses, for infringement or use of any copyrighted or uncopyrighted composition, secret process, patented or unpatented invention, article or appliance furnished or used in connection with the contract or purchase order.
10. **TAXES:** Certain articles sold to LRCCD are exempt from certain Federal excise taxes. LRCCD will reimburse the CONTRACTOR for, or pay directly, all California State and local sales and use taxes applicable to this purchase.
11. **EQUAL OPPORTUNITY EMPLOYER:** The acceptance of this purchase order by a supplier of goods and services is a certification that such supplier complies with all provisions of executive order 11246 and is an equal opportunity employer.
12. **GENERAL SAFETY ORDERS:** All materials, supplies and services sold to LRCCD shall conform to the general safety orders of the State of California. All materials, except as otherwise specified, must be new and of the best quality of their respective kinds.
13. **INDEMNIFICATION:** CONTRACTOR shall indemnify, defend and hold harmless LRCCD, its trustees, officers, agents, employees and volunteers, from any and all claims, demands, suits, causes of action, damages, penalties, breaches of this agreement, infringement of patent rights, costs, expenses, violations of employee occupational health and safety laws, attorney fees, losses or liability, property damage, personal injuries to or death of persons, arising out of, alleged to have arisen out of, or relating in any way to CONTRACTOR's work to be performed under this agreement, except if caused solely by the negligence of LRCCD.
14. **TERMINATION:** LRCCD may terminate this agreement and be relieved of the payment of any consideration to CONTRACTOR should CONTRACTOR fail to perform the covenants herein contained at the time and in the manner herein provided. In the event of such termination LRCCD may proceed with the work in any manner deemed proper by LRCCD. The cost to LRCCD shall be deducted from any sum due the CONTRACTOR under this agreement and the balance if any, shall be paid the CONTRACTOR upon demand.
15. **ASSIGNMENT:** Without the written consent of LRCCD, this agreement is not assignable by CONTRACTOR either in whole or in part.
16. **PUBLIC WORKS PROJECTS:** CONTRACTOR must comply with Public Contract Code.
17. **CA LABOR CODE:** Pursuant to Section 1700, and following, the CONTRACTOR shall pay not less than the prevailing rate of per diem wages as determined by the Director of the California Department of Industrial Relations. Copies of such prevailing rate of per diem wages are on file at the Business Office of the Los Rios Community College District, 1919 Spanos Court, Sacramento, CA 95825. Those copies shall be made available to any interested party upon request. The CONTRACTOR shall forfeit, as penalty to the LRCCD, Fifty Dollars (\$50.00) for each calendar day or portion thereof, for each workman paid less than the stipulated prevailing rates for any work done under the contract by him/her or by any subcontractor under him, in violation of the provisions of such Labor Code.
18. **NOTICE:** Your employees may be exposed to hazardous substances during the course of their work while on LRCCD property. For additional information on the hazardous substances that your employees may be exposed to contact the LRCCD General Services Department at (916) 568-3048.
19. **INSURANCE:** CONTRACTOR shall, at all times, maintain in full force and effect the following insurance: Workers' Compensation, Commercial General Liability, Auto Liability, and Professional Liability if licensed professional. Policy limits for each shall be at least \$1,000,000 AND \$3,000,000 AGGREGATE for bodily injury, personal injury and property damage. Any combination of General Liability and Excess Coverage can be combined to meet the Aggregate. LRCCD shall be named as an additional insured on CONTRACTOR's policies. The CONTRACTOR shall provide a certificate of insurance and required endorsements to comply with this section at least 15 days prior to commencement of work under this contract. The certificate shall state that LRCCD will be given 30 days notice of any material change or cancellation in coverage.
20. **DISQUALIFIED EMPLOYEES:** CONTRACTOR shall ensure that persons who perform services on LRCCD property have not been convicted of any felony, or any controlled substance offense or any sex offense as those terms are defined by Education Code section 87008-87010. If LRCCD determines that any person employed by CONTRACTOR to work on LRCCD property is incompetent, unfaithful, intemperate, disorderly, abusive or is otherwise unsatisfactory, CONTRACTOR shall cause that employee to be removed from working on LRCCD property immediately, and that person shall not be employed again on LRCCD property.
21. **WORK AUTHORIZATION:** Prior to LRCCD's acceptance of this Agreement, CONTRACTORS who are not U.S. citizens must provide verification of (a) work authorization status from the appropriate U.S. Department of State; (b) a copy of their U.S. visa; (c) the number of days present in the U.S.; and (d) tax treaty status. LRCCD shall not make any payments to CONTRACTOR unless CONTRACTOR holds the appropriate U.S. visa. CONTRACTOR is responsible for ensuring they are in possession of the appropriate visa.
22. **WARRANTY:** CONTRACTOR expressly warrants that all materials, goods, equipment, services, and/or labor shall conform to the requirements set forth or incorporated into this order and any applicable industry standards or requirements, shall be merchantable and free from defects in workmanship, materials and/or design (including latent defects), and shall perform as specified. CONTRACTOR further warrants that all materials, goods, equipment, services, and/or labor will be fit and sufficient for the particular purposes intended by LRCCD. Unless agreed upon otherwise between LRCCD and CONTRACTOR, the warranty period shall be the longer of: (a) any express warranty included in this service agreement; (b) one year after the materials, goods, equipment, services, and/or labor are accepted by LRCCD; or (c) any warranty period provided under any applicable California law.

**From:** [Plews, Jeanne](#)  
**To:** [Haney, Brenda](#); [Harrell, Kim](#)  
**Cc:** [Poon, Vivian](#)  
**Subject:** RE: On Hold PO# 0001077725 OWN THE ZONE SPORTS  
**Date:** Tuesday, August 12, 2014 3:51:32 PM

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Vivian,

The answers are in green below.

Thank you,

*Jeanne Plews*

Administrative Assistant to Dean of Instruction  
Kinesiology, Health, Athletics and Career Technical Education  
10 College Parkway  
Folsom, CA 95630  
(916) 608-6687  
Fax (916) 608-6761

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**From:** Haney, Brenda  
**Sent:** Tuesday, August 12, 2014 2:10 PM  
**To:** Plews, Jeanne; Harrell, Kim  
**Cc:** Poon, Vivian  
**Subject:** FW: On Hold PO# 0001077725 OWN THE ZONE SPORTS  
**Importance:** High

Jeanne –

Please reply directly to Vivian Poon (and Cc me) – in reply to Purchasing questions listed below:

Thank you,

*Brenda Haney*

Business Services  
Folsom Lake College | 10 College Parkway | Folsom, CA 95630  
 916.608.6635 |  [haneyb@flc.losrios.edu](mailto:haneyb@flc.losrios.edu)

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**From:** Poon, Vivian  
**Sent:** Tuesday, August 12, 2014 2:03 PM  
**To:** Haney, Brenda  
**Cc:** Alford, Jennifer  
**Subject:** On Hold PO# 0001077725 OWN THE ZONE SPORTS

Please note and confirm the following details:

1. Confirmed with Liam at (972) 5146897, fax po is acceptable. No need to go online for ordering.

2. Location : 04PE102 or 04PE116? [04PE102](#)
3. Line 1 with STARTER PACKAGE / SOFTWARE WITH BLACK TRI WINDOW WRISTBAND : small or large? [Large](#)
4. Line 2 with BLACK TRI WINDOW WRISTBAND : small or large? [Large](#)
- 5.

# Los Rios Community College District

## Requisition

Page 1 of 1

FLC BUSINESS SERVICES

Req. No. **808268**

Vendor Code

DATE 7/3/14

2014 JUL 25 P 4:01

P.O. NO.

Approved by / Date

VENDOR OWN THE ZONE SPORTS

DELIVERY INSTRUCTIONS

Reviewed by / Date

ADDRESS 2807 BALD EAGLE AVE NW

04PE102  
Location Code

Dispatched Method / Date

CITY Salem STATE OR ZIP 97304

FLC KHA  
College/District Location Department

PHONE 972-514-6897 FAX 347-710-4938

AR05 08/08/14  
Division Date Required

ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES <i>*Use additional paper if necessary and please reference requisition number. DO NOT USE A SECOND REQUISITION.</i>	ORDERED		AMOUNT	
		QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
1	SKUSTARTER1, STARTER PACKAGE / Software	1	ea.	249.95	249.95
2	CUSTOM WRISTBANDS BLACK-TRI Window	4	ea.	10.95	43.80
3	↳ Required to interact w/ software				
4					
5	Software/Wrist Band Sign System				
6	for FLC Baseball (intercollegiate)				
7					
8	Shipping				14.95
9					
10					
11					
12					
13					

**Purchases Charged to Categorical Programs, Grants or Special Projects**

This purchase is in compliance with the requirements of Lottery Sales Tax 23.50

Kum Harrell For grants/special projects 700P Program Name Project/Grant Number

Program Director/Coordinator Signature

Eligible Instructional Software Capitalized Expense Program Goal/Objective Number/Explanation

**Total** 332.20

I hereby certify the items/services listed above are to be obtained in accordance with District Regulation 8323, Section 4, Conflict of Interest, and all other applicable district, state, and federal policies, rules, regulations and laws.

~~GENFD 4300 12 FL VI AR05~~  
Bus. Unit Account \*Fund Org  
~~08700 00000 2015 700P \$ 332.20~~

REQUESTED BY: Matt Wright 7/3/14  
TYPED/PRINT DATE

Program Sub-Class BY Proj/Grnt Amount  
GENFD 6493 12 FL VI AR05

REQUESTED BY: [Signature] 7/3/14  
SIGNATURE DATE

Bus. Unit Account \*Fund Org  
08700 00000 2015 700P \$ 332.20

AUTHORIZED: Kum Harrell 7/10/14  
DEAN OR AUTHORIZED SIGNATURE DATE

Program Sub-Class BY Proj/Grnt Amount  
08700 00000 2015 700P \$ 332.20

APPROVED: [Signature] 7/31/14  
VICE PRESIDENT, ADMINISTRATION DATE

**\*Asset Location** - For equipment purchases over \$200 (Accounts 6490, 6495 and computers) complete the area below indicating the final location where equipment will be housed.

Location Code 04PE116 Dept. KHA

Building PE Room No. 116

**Instructions on Reverse**



[Purchase](#)

[Request a Quote](#)

[Renew Your License](#)

Web Quote

[Your cart](#)

[Personal details](#)

[Shipping & Payment](#)

[Place order](#)

## Place order

### Product

[SKUSTARTER1 - Starter Package](#)

[Custom-Wristbands - Wristbands](#)

Price	Quantity	Subtotal
\$249.95	1	\$249.95
\$10.95	4	\$43.80
Summary:		\$293.75

Delivery method: Standard Shipping

Subtotal:	\$293.75
Shipping cost:	\$14.95
TAX 8%	23.50
TOTAL:	<del>300.00</del>
<i>Totals</i>	<i>* 332.20</i>

If you have a valid discount coupon, enter the code below and the store will deduct the discount from your order total.

Coupon code

## Personal information

### Contact information

Email: [wrightm@flc.losrios.edu](mailto:wrightm@flc.losrios.edu)  
 First name: Matt  
 Last name: Wright  
 Baseball / Softball: Baseball  
 Position: Head Coach  
 School / Program: Folsom Lake College

### Billing address

Address: 10 College Parkway  
 City: Folsom  
 State: California  
 Country: United States  
 Zip/Postal code: 95630

[Modify](#)

### Shipping address

Address: 10 College Parkway  
 City: Folsom  
 State: California  
 Country: United States  
 Zip/Postal code: 95630

[Modify](#)

## Payment method: Purchase Order

[Change payment method](#)

### Payment details

PO number \*

with great success. I felt our players got the signs quicker, with less mistakes, and with no chance of being stolen by our opponents. I believe this is a better way to give signs."



Scott Brosius, Linfield College  
New York Yankees - MLB World Series MVP

# Starter Package



System Requirements:



## \$249.95

Quantity

Our "Starter Package" is most commonly used by customers/coaches looking to begin the process of communicating with their players.

The "Starter Package" includes:

- The Latest Version of Own The Zone
- One wristband
- NOTE: Women's & youth size wristband
- Your **ONE YEAR LICENSE** is good for one year

[View detailed images \(7\)](#)



1 wristband come with this package. Select Type of wristband.



Options

Please Select

Add to cart

Like

Tweet

[Ask a question about this product](#)

Send to friend

Customers also bought

Your name: \*

Your email: \*

Recipient's email: \*

# Software Account Codes

## 4303 Instructional Software

## 4503 Non-Instructional Software

Expenditures for software purchases with an initial cost of less than the district's capital outlay threshold (\$200) and that do not require payment of additional periodic fees for continued use.

## 5600 Software Maintenance

Expenditures for software maintenance services, such as to modify software after delivery to correct faults, to improve performance, or otherwise preserve the value of software over the time.

Account code 5600 is also used for an expenditure that *combines* software maintenance and licensing.

## 5601 Software Licensing

## 5603 Instructional Software Licensing (allowable with Lottery funds)

Expenditures for payments to firms providing software licensing only (no maintenance).

Software licensing agreements often require payment of periodic renewal fees for continued use by licensee.

## 6490 Software – Capitalized

## 6493 Instructional Software – Capitalized (allowable with Lottery funds)

**NOTE: These account codes are used for first-time purchases of new software meeting the criteria below:**

Expenditures for software if they have a value greater than the district's capital outlay threshold (\$200) and an initial useful life longer than one year. Software can be internally generated or purchased. The *initial* costs to implement software, including licensing costs and maintenance costs, for both internally generated and off the shelf software, should be capitalized in accordance with the district's capitalization policy.

Subsequent outlays for maintenance and licensing are generally expensed using account code 5600 (maintenance or maintenance *and* licensing), 5601 (licensing only-noninstructional), or 5603 (licensing only-instructional) unless they include modifications that add capacity or efficiency to the software that defers obsolescence and results extended useful life of the software. Modifications that do not result in added capacity or efficiency or result in extended useful life of the software should be charged to the repairs and maintenance account code 5600 (maintenance or maintenance *and* licensing), 5601(licensing only-noninstructional), or 5603 (licensing only-instructional).



## Haney, Brenda

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**From:** Plews, Jeanne  
**Sent:** Tuesday, July 29, 2014 4:03 PM  
**To:** Haney, Brenda  
**Subject:** FW: New Vendor Packet  
**Attachments:** New Vendor Pakcet Own the Zone Sports.docx

Brenda,

One more thing I forgot to tell you.

This will be used in both an instructional classroom setting as well as an outside instructional setting.

Please let me know what budget string you will use.

I appreciate your assistance.

*Jeanne Plews*

Administrative Assistant to Dean of Instruction  
Kinesiology, Health, Athletics and Career Technical Education  
10 College Parkway  
Folsom, CA 95630  
(916) 608-6687  
Fax (916) 608-6761

*Qualifies  
for lottery 708  
funding use.*

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**From:** Plews, Jeanne  
**Sent:** Tuesday, July 29, 2014 3:59 PM  
**To:** Haney, Brenda  
**Subject:** FW: New Vendor Packet

*Online Ordering Instructions w/ PO.*



Brenda,

I spoke with Own the Zone Sports. They said that once we are ready to order, we need to go online and fill our shopping cart. Then for method of payment, we use a drop down box and select PO. There will be a space for us to enter the PO#. We still order it online, but give them the PO number. They do accept Net 30 terms.

The starter package that we are ordering includes the latest version of "Own the Zone Sports Software".

When we order the starter package online, we need to select the type of wristband we want. Please select "Black Tri Window".

Thank you,

*Jeanne Plews*

Administrative Assistant to Dean of Instruction  
Kinesiology, Health, Athletics and Career Technical Education  
10 College Parkway  
Folsom, CA 95630  
(916) 608-6687  
Fax (916) 608-6761



**LOS RIOS**  
**COMMUNITY COLLEGE DISTRICT**  
 1919 Spanos Court ■ Sacramento, CA 95825  
 PURCHASING DEPARTMENT (916) 568-3071  
 Fax (916)568-3145 ■ lrccdpurchase@losrios.edu

# VENDOR APPLICATION

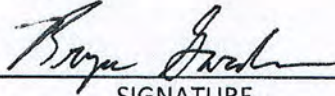
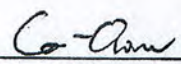
Return signed completed form to Purchasing via fax or email.

NAME: \_\_\_\_\_

<b>NAME OF FIRM</b> Own The Zone Sports		<b>FEDERAL ID# OR SOCIAL SECURITY #</b> 45-4210301	
<b>MAILING ADDRESS</b> 2100 Hampton Ct Carrollton, TX 75006		<b>REMIT ADDRESS</b> 2100 Hampton Ct Carrollton, TX 75006	
<b>PHONE</b> 972-514-6897	<b>FAX</b> 347-710-4938	<b>EMAIL</b> customersupport@ownthezonesports.com	

<b>WEBSITE</b> <a href="http://www.ownthezonesports.com">http://www.ownthezonesports.com</a>	<b>ORGANIZATION CLASSIFICATION</b> (Check all that apply)	
<b>AUTHORIZED COMPANY REPRESENTATIVES</b>	<input type="checkbox"/> Individual	<input type="checkbox"/> MBE
	<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> WBE
	<input type="checkbox"/> Non Profit	<input type="checkbox"/> DVBE
	<input type="checkbox"/> Corporation (List State Incorporated)	
	Contractor's License # _____	
<b>Name</b>	<b>Title/Capacity</b>	<b>Email</b>
Liam Woodard	Co-Owner	customersupport@ownthezonesports.com
Bryce Gardinier	Co-Owner	customersupport@ownthezonesports.com

PROVIDE LIST OF COMMODITIES, EQUIPMENT, SUPPLIES and/or SERVICES AVAILABLE TO THE DISTRICT		
OTZS Pick Proof Sign Software	OTZS Custom Sports Wristband/Wristcoach (available in Small and Large, Black, White, Pink)	

<b>VENDOR CERTIFICATION</b>	<b>OTHER BUSINESS INFORMATION</b>		
I certify that all statements contained herein are correct. I understand that this information will be used as a basis for evaluating my request to receive bid invitations for purchases. I understand that being placed on the qualified vendor bid list does not in any way represent an endorsement of my firm by Los Rios nor does it relieve my firm of providing bonds and insurances as required. I further agree to disclose any known or potential conflicts of interest relating to my business and Los Rios. I understand the requirements for fulfilling and invoicing orders. I further certify this firm is an equal opportunity employer. _____ INITIALS	<b>Payment Terms</b> Net 30	<b>Discounts Extended</b> N/A	
	<b>Refund/Returns</b> Accepted		
	 SIGNATURE	 TITLE	7-25-17 DATE

LOS RIOS PURCHASING ONLY:  
 www.losrios.edu

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) <b>Own The Zone Sports LLC</b>	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <span style="margin-left: 100px;">P</span> <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.) <b>2100 Hampton Ct.</b>	Requester's name and address (optional)
	City, state, and ZIP code <b>Carrollton, TX 75006</b>	
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									
4	5	-	4	2	1	0	3	0	1

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign Here**    Signature of U.S. person ▶    Date ▶ **4/8/2013**

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

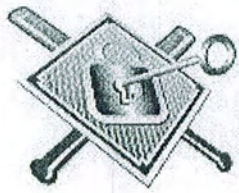
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



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PAYMENT INFORMATION

Please remit payment to the below address. While based in Texas, our accounting is done from our Oregon offices. Thank you in advance. If you have any questions regarding billing, please contact Bryce at 503-949-3524 or for fastest response, please email us at [customersupport@ownthezonesports.com](mailto:customersupport@ownthezonesports.com)

Please Send Payments To:

2807 Bald Eagle Ave – Salem, OR 97304

\*Please include your invoice number with your payment so we can quickly process your payment.

Thank you for your business!!!



**Own The Zone Sports**  
 2100 Hampton Ct.  
 Carrollton, Texas 75006  
 Phone 1:972-514-6897  
 Fax: 347-710-4938  
 customersupport@ownthezonesports.com

# INVOICE

**Date:** 08-17-2014 18:06

**Order id:** #22393

**Order status:** Placed

**Payment method:**

Purchase Order

**PO Number:** PO # 0001077725

**Company name:** Folsom Lake College

**Name of purchaser:** Receiving

**Position:** Receiving

**Accept ship:** Y

**Delivery method:**

Standard Shipping

**Email:** customersupport@ownthezonesports.com

**First name:** Folsom Lake College

**Last name:** PO# 0001077725

**Baseball /** Baseball

**Softball:** Baseball

**Position:** Shipping

**School /** Folsom Lake College

**Program:**

*RCV# 0001066072*  
*Aug. 22, 2014*

## Billing address

**Address:** 10 College Parkway  
 Receiving  
 Folsom, CA 95630  
**Phone:** 916-568-3071

## Shipping address

**Address:** 10 College Parkway  
 Receiving  
 Folsom, CA 95630  
**Phone:** 916-568-3071

## Products ordered

SKU	Product	Item price	Quantity	Total
Custom-Wristbands	Wristbands <b>Options:</b> Large Black Tri Window: 4 Large Black Single Window: 0 Large White Tri Window: 0 Large White Single Window: 0 Large Pink Tri Window: 0 Small Black Tri Window: 0 Small White Tri Window: 0 Small Pink Tri Window: 0	\$10.95	4	\$43.80
SKUSTARTER1	Starter Package <b>Options:</b> Options: Large Black Tri Window	\$249.95	1	\$249.95

**Subtotal:** \$293.75

**Shipping cost:** \$14.95

**Total: \$308.70**

## Customer notes