

**Nearmap US, Inc.**  
 1850 W Ashton Blvd, Suite 500  
 Lehi, UT 84043, USA  
**Phone:** +1 (801) 609 7250

<b>Customer Name</b>	Yellowstone County, MT	<b>Quote Number</b>	Q118002
<b>Contract Commencement</b>	Contract commences upon signing of quote.	<b>Quote Expiry</b>	05/02/2026
<b>Subscription Term</b>	12 Month	<b>Account Rep</b>	Nick Casey nick.casey@nearmap.com
<b>Subscription Start Date</b>	05/02/2026	<b>Payment Term</b>	Net 30
<b>Public Facing URL</b>	<a href="https://www.yellowstonecountymt.gov/mapping/">https://www.yellowstonecountymt.gov/mapping/</a>	<b>Payment Method</b>	Invoice
<b>Bill To</b>	Yellowstone County, MT Mike Powell 217 North 27th Street, Billings, Montana, 59101 (406)256-2812 mpowell@yellowstonecountymt.gov	<b>Ship To</b>	Yellowstone County, MT Mike Powell 217 North 27th Street, Billings, Montana, 59101 (406)256-2812 mpowell@yellowstonecountymt.gov

PRODUCT	ALLOWANCE	COVERAGE	SEATS
Public Display License for Government	NA	Nationwide	NA
Nearmap Widget Beta	NA	Nationwide	NA
ArcGIS Integration	NA	NA	NA
Nearmap Vertical for Government	NA	Nationwide	Unlimited
<b>Total</b>			<b>USD \$33,350.00</b>

**ACCEPTANCE OF Q118002 will constitute an Agreement with Nearmap**

By selecting "**Yes**" or **signing below**, you acknowledge that (a)(i) the Additional Terms and Conditions of the previous Agreement between the Licensee and Nearmap applies to this Renewal Quote, unless otherwise specified in Schedule 1 of this Renewal Quote, and (ii) the Product-Specific Terms set out in <https://www.nearmap.com/us/en/legal/product-agreements> applies to this Renewal Quote, (b) you have the authority to agree to this Renewal Quote, (c) you agree to pay the fees set forth herein plus any applicable tax(es) as set forth in the resultant invoice(s). You acknowledge that the Coverage Area by Nearmap is outlined at <https://www.nearmap.com/us/en/current-aerial-maps-coverage>.

Note: The terms of your Agreement remain the same unless varied by this Renewal Quote. The total in this Renewal Quote is only an estimate of your next invoice. Final credits and amendments to the subscription is dependent upon the date this Renewal Quote is accepted.

Signature / Digital Acceptance:

Date:

Full Name:

Position:

PO Number (if required):

If printed, please sign, scan and email to: [orders.us@nearmap.com](mailto:orders.us@nearmap.com)

*Schedule 1*

**Additional Terms and Conditions**