

Exhibit B-1
Acceptance Form

The Parties entered into Statement of Work Number _ (the “SOW”), dated as of _____, 202_ (the “SOW Effective Date”). The Parties are identified below. Capitalized terms not defined in this Acceptance Form have the respective meanings set forth in the Terms.

Party Information

Spatial Networks, Inc. 360 Central Ave Ste 200 Saint Petersburg, FL 33701-3892 USA billing@fulcrumapp.com	Customer Name: Customer Address: E-mail Address: Entity Type/Jurisdiction:
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The Professional Services provided pursuant to the SOW are as set forth in the SOW.

Customer hereby accepts the Professional Services provided pursuant to the SOW.

CUSTOMER:

CUSTOMER LEGAL NAME

By: _____

Name: _____

Title: _____

Date: _____