Ladies and Gentlemen:

Having carefully examined all the specifications and requirements of this RFP and any attachments thereto, the undersigned proposes to furnish the Special Events Ticketing System required pursuant to the above-referenced Request for Proposal upon the terms and conditions quoted below.

Invoicing Instructions

Send Invoices to: Special Events Facilities
University of Texas at Arlington
Box 19900
Arlington, TX 76019
Attention: Jeff Davis
E-Mail: jeff.davis@uta.edu
Ref. RFP #: 2018-007

With a Copy to: Accounts Payable
University of Texas at Arlington
219 W. Main Street
Arlington, TX 76019
E-Mail: accounts_payable@uta.edu
Ref. RFP #: 2018-007

6.1 Pricing for Services Offered

Please provide the following:

- Any annual subscription or licensing fees, if any, for your services.
- A list of any ticket/order processing, credit card, or other fees and how they are charged, if any.
- Any additional equipment, server or access control fees, if any.
• Should it be requested, any customer support or on-site consultation fees, if any.

• Any start-up expenses to include training, data integration, software installation, server installation, or other identifiable expenses, if any.

• Any sponsorship, marketing or value-added funding/incentives you are willing to include in this proposal, if any.

• Any other financial (income or expense) information as it pertains to proposal submitted.

6.2 Delivery Schedule of Events and Time Periods

As requested by the University

6.3 Other considerations (cost offsets and other financial or non-financial considerations to be provided to the University)

The University is interested in, and will consider in our evaluation, creative ideas from Proposers regarding opportunities for sponsorships, donations or other revenue generating / cost reduction initiatives and/or no cost benefits. Please describe any initiatives you would be willing to negotiate

6.4 University’s Payment Terms

University’s standard payment terms for services are “Net 30 Days.”

Indicate below the prompt payment discount that Proposer will provide the University:

Prompt Payment Discount: _____ % _____ days/net 30 days

Respectfully Submitted,

Proposer: _______________________________

By: _______________________________

(Authorized Signature for Proposer)

Name: ______________________________

Title: ______________________________

Date: ______________________________