



*Providing a Service for **Dreadnought Wines***

3401 Liberty Ave Pittsburgh PA 15201, 412.391.1709 PHONE, 412.642.2822 FAX

Sign by Date: \_\_\_\_\_

CONTRACT: This Agreement ("Agreement") is between Soiree Partners ("Soiree Partners", "we", "us", "our") and the University of Pittsburgh – Of the Commonwealth System of Higher Education ("Client(s)", "you", "your"). Soiree Partners will provide services which include: Advisement on production and quantity selection, locating and pre-purchase of products requested; delivery and pick up for the following Event ("Event")

Client Contact Name(s): \_\_\_\_\_

Client Phone Number: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Time: \_\_\_\_\_

Preferred Delivery Date and Time: \_\_\_\_\_

\*Please provide a window of time for delivery and pick up (example: between 2 pm and 6 pm)

Day of Event Contact Number: \_\_\_\_\_ Alternative Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Event Name: \_\_\_\_\_

Caterer: \_\_\_\_\_ Caterer Phone: \_\_\_\_\_

Venue: \_\_\_\_\_

Address: \_\_\_\_\_ Venue Phone: \_\_\_\_\_

If pick up address is different than delivery address, please provide address below.

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Pre Event Services:

- Wine sample consultations if requested are free of charge—Client will be responsible for full retail price of bottle(s) sampled. Please request an appointment.
- A complete estimate will be given to you for your approval before any product is purchased.

Delivery:

INITIAL HERE

- Final order must be confirmed 3 weeks before the Event date, unless approved by Soiree Partners.
- The product will be dropped at designated Event location per venue instructions.
- Signature from caterer, venue representative, or Client is requested upon delivery and pick up.
- Drop time will be coordinated with Venue and/or Catering team or person(s) conducting Event.
- Delivery may fall out of desired time due to traffic delays or weather conditions—Soiree Partner's Carrie Robertson or other representative from Soiree Partners will contact Client or Venue management before scheduled delivery time.

Wine/Beer/Spirits:

INITIAL HERE

- To ensure that you will receive the products that you want for your Event we request that your final choices are made no less than 3 weeks prior to your Event.
- Soiree Partners will advise you regarding appropriate quantities needed for your Event.

Payment:

INITIAL HERE

- Due to Pennsylvania liquor laws all wine and alcohol must be pre-paid. Signing this Agreement permits us to purchase liquor, wine and beer in your name for your Event.
- You can pay by ACH, check or credit card (OneCard)\* no less than 3 weeks before Event date. Your entire estimated amount to Dreadnought Wines and Soiree Partners is due at this time.
- Due to Pennsylvania law, you must pay Dreadnought Wines and Soiree Partners separately.
- Billing address for the credit card provided (not department address unless the same)

\* A 4% fee on the PLCB and beer products will be charged by Soiree Partners if a credit card is used. This is to cover merchant service fees. There is no fee to pay via check to Soiree Partners.

Billing:

INITIAL HERE

- Your final reconciliation statement will be based on actual usage from the Event.
- You will receive a final reconciliation statement from Soiree Partners and a sales receipt from Dreadnought Wines. These documents are created in accordance Pennsylvania Liquor Control Board rules. We will make these multiple documents as clear as possible for you. **Please allow 2-3 weeks for refunds to be processed.**

Cancellation Policy:

INITIAL HERE

- If for any reason the Client would like to decline the use of our services, Soiree Partners requests notification via email or phone 14 business days before Event date to cancel without penalty.
- If Cancellation occurs within less than 14 business days of the Event, the Client will be issued a charge of 50% of the total libation management fee shown on estimate.

Thank you for choosing Soiree Partners!

*Signature Page to Follow*

University of Pittsburgh – Of the Commonwealth System of Higher Education

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Party responsible for bill

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
UNIVERSITY ONECARD INFORMATION (NAME, ZIP CODE, CARD NUMBER, EXPIRATION DATE, CVV NUMBER) **University OneCard holder should call and provide OneCard information.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Soiree Partners Representative**

\_\_\_\_\_  
Carrie Robertson  
NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE