



ULA # _____
DISTRIBUTOR # _____
SALES REP _____

SUBSCRIBER LOCATION INFO:

_____	_____
COMPANY NAME	CONTACT NAME
_____	_____
ADDRESS	CITY, STATE, ZIP
_____	_____
PHONE	CONTACT EMAIL

1. uPlay™ System- for additional uPlay systems please complete another order form.

uPlay (\$500.00 Preparation Fee)- complete the attached "Exhibit B" for multiple locations taking the same uPlay Playlist (UP).

2. Select Your Default uPlay Playlist (UP)- Refer to www.ponetworks.com for Program descriptions (select ONLY one):
(uPlay clients receive all of the programs below. Please select one playlist that will automatically play in the event that you have not selected another playlist)

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Past & Present (30hrs) | <input type="checkbox"/> Hot Hits (20hrs) | <input type="checkbox"/> Pop (20hrs) | <input type="checkbox"/> Rock (20hrs) |
| <input type="checkbox"/> Adult Contemporary (20hrs) | <input type="checkbox"/> Dance Party (20hrs) | <input type="checkbox"/> City Beat (20hrs) | |
| <input type="checkbox"/> Country (20hrs) | <input type="checkbox"/> Latin (20hrs) | <input type="checkbox"/> Sonic (5hrs) | |

3. uPlay Service Fee (USF)- Per month, per uPlay (PMPU); 36 month Service Term. Select one of the following (total from above):

\$325.00 USF

4. Marketing Element Fees

SUBSCRIBER specific Marketing Elements may be included in an uPlay Video Program. Fees associated with preparing these Marketing Elements will vary depending upon the complexity and duration of the Marketing Element, and shall be billed separately from the USF. Select one of the following:

\$50.00 Basic Preparation (No Editing Required) **Editing Required (PON Rep will contact for bid)** **None**

5. Performance Rights Fees

During the entire TERM of this AGREEMENT, each SUBSCRIBER location using any PROGRAMS shall be responsible for any and all music performance fees as required by the Performing Rights Organizations ("PROs") including, but not limited to, ASCAP, BMI, SESAC, SOCAN, etc.. Select one of the following:

- \$25.00 per month, per location- (Businesses that: A. DO NOT sell food or beverage; B. Have NO physical activity; C. are a retail location with more than 2,000 Sq. Ft.; or D. ARE NOT utilizing the PROGRAMS exclusively to demonstrate musical works or appliances for sale.)
- The SUBSCRIBER will contact the PROs to determine what, if any, Performing Rights Licenses are required.

6. Payment

Prepaid (payment enclosed; FL add 7% tax; CA add county & local tax) Net 30 Billing (O.A.C.)

VISA Master Card American Express

Card # _____ Exp Date _____

Print Name as it appears on card _____

Credit Card Billing Address (as on Billing Statement) _____

7. Signature _____ **Date** _____

The signee above hereby attests that he/ she is a duly authorized Agent with the authority to order for the aforementioned company.
The COMPANY **must** have a valid Universal License Agreement (ULA) on file with PON before this ORDER will be fulfilled.