

WHITE LABEL box office solutions inc.

New Venue Questionnaire

Contact Information

Your Name:

Your Email:

Your Contact Phone Number:

Your Organization:

Your White Label Box Office Representative:

Venue Information:

Venue Name:

Other Names Venue Is Known By:

Venue Type:

Physical Street Address:

City:

Province / State:

Postal / Zip Code:

Country:

Time Zone:

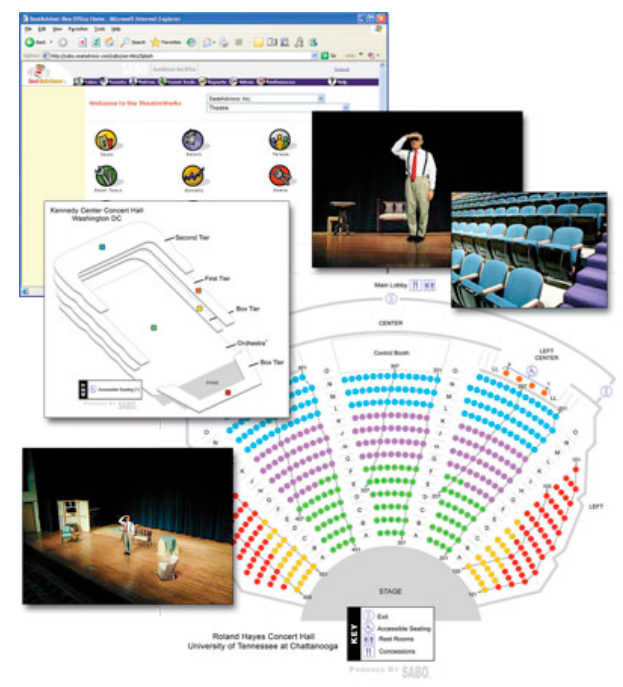
Full Mailing Address:

Seating Capacity:

Please complete the questionnaire and return by fax to 1-905-563-0173

Seat Mapping & Admission Types:

Number of Seat Maps:	
View From Seat Included: (Y/N)	
Reserved: (Y/N)	
General Admission: (Y/N)	
Mixed: (Y/N)	



Existing Ticketing Service Provider:	
Existing Cost / Ticket:	
When Does Your Contract End:	
What Do You Hope To Pay / Ticket:	
Do You Prefer Upfront Pricing or Pay-As-You-Go:	
Do You Require A Merchant Account:	

Additional Comments:

Annual Events & Ticket Volumes:

	Sports	The Arts	Concert	Other	Totals
Number of Events:					
Total Number of Tickets:					

	Ticket Price Range				
High:					
Low:					

	Ticket Categories (# or %)				
Paid:					
Complimentary:					

Additional Comments:

Ticket Sales Channels & Ticket Stock:

Delivery Channels (# or %)

Box Office:	
Print-At-Home	
Will Call:	
Mobile Phone:	

Do You Require Ticket Stock: (Y/N)

X

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Ticket Stock Size:

Additional Comments:

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Modules & Options:

Does Your Organization Wish To Implement: (Y/N)

Integrated Modules:

Food & Beverage Module:	
Integrated Car Park Sales:	
Couponsing:	
Gift Certificates:	
Season/ Flex Ticket Sales:	
Memberships:	

3rd Party Options (Additional Cost):

PatronMail:	
E-Tapestry	
Call Centre:	
Cashless Purse:	

Please complete the questionnaire and return by fax to 1-905-563-0173

Hardware Requirements:

Box Office Terminals:

Thermal Printers:

Barcode Scanners:

Additional Comments:

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Marketing & Sponsorships:

Does Your Organization / Venue Have Sponsorship Agreements In Place For Ticketing?

Does Your Organization Include Coupons On Tickets For The Sponsors?

Additional Comments:

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