



Vendor Request to Participate in Comet Discount Program



Business Name: _____

Business Address: _____

City: _____ State: _____ ZIP: _____

Business Phone: _____ Fax: _____

Contact Person: _____

Email: _____ Website Address: _____

Amount of Discount: 10% 20% 30%
 15% 25% Other _____

Description of Discount: _____

New Discount Change to Existing Discount

By signing this Participation Agreement Form, I agree that this is not a contract with the University of Texas at Dallas. I also attest that I have read the [UTD policy](#) governing the Comet Discount Program and agree to provide all the necessary information of the products or services listed on the website of the University. Failure to provide all such information could result in a delay processing your form. I agree to provide written notification to the Office of Human Resources Management about discontinuation, manufacturer recalls or any other information about my products or services that may not meet the mission and values of the University of Texas at Dallas.

Signature of Business Owner or Authorized Agent

Date

Printed Name

Please return agreement form to the above address, submit form electronically or fax to 972-883-2156. If you have any questions you may contact Elizabeth Garcia at (972) 883-4133.

FOR HR USE ONLY

APPROVED DECLINED REASON: _____

SIGNATURE: _____ DATE: _____