

SAVINGS/PRICE REDUCTION (EXHIBIT D)

AIR TAXI SERVICES

Respondent is required to furnish the percent (%) savings in prices offered in this eQuote compared to retail, list, published or other usual and customary prices that would be paid by the purchaser without benefit of an Agreement resulting from this eQuote.

DATE 10/17/08

COMPETITIVE PRICES OFFERED AVERAGE 5 % SAVINGS.

HOW CAN WE VERIFY THE CLAIMED SAVINGS (example: retail or other usual and customary prices published at (url), or other source of benchmark prices)?

www.flyimageair.com/resv

AUTHORIZED SIGNATURE:

(optional)

RESPONDENT NAME:

Haroon Qureshi

(typed or printed)

COMPANY NAME:

ImagineAir

(typed or printed)

TELEPHONE NUMBER:

678-226-2329 x116

EMAIL ADDRESS:

hqureshi@flyimageair.com

Do Not Write in Area Below:

IF SPA IS ISSUED, STATE PURCHASING ANALYST/SPECIALIST/AGENT TOOK THE FOLLOWING STEPS TO VERIFY SAVINGS:

WHAT WERE THE RESULTS?

PURCHASING ANALYST/SPECIALIST/AGENT: _____

ORDERING INSTRUCTIONS (EXHIBIT E)

AIR TAXI SERVICES

VENDOR/COMPANY NAME: ImagineAir

SPURS VENDOR NUMBER(FEIN/FEID): F202459285

eQuote/Agreement Administration

Please identify the person who shall be responsible for administering the Agreement on your behalf if the Agreement is issued, and include an emergency contact phone number:

Name: Haroon Qureshi

Title: Dir PR & Sales

Street Address, City, State, Zip: 460 Briscoe Blvd Ste 210 Lawrenceville, GA 30045

Email Address: hqureshi@flyimagineair.com

Phone Number(s): 678-226-2329 x116

Fax Number: 678-226-4386

If the person responsible for answering questions about the eQuote is different from the person identified above, please provide the same information for that person.

Name: _____

Title: _____

Street Address, City, State, Zip: _____

Email Address: _____

Phone Number(s): _____

Fax Number: _____

Direct Orders

Please provide the following information about where the Customers should direct orders. You must provide a regular mailing address. If equipped to receive purchase orders electronically, you may also provide an Internet address.

Street Address or P.O. Box: Same as above

City, State, Zip: _____

Phone Number: 678-226-2329 x1

Toll Free Number: 877-359-4242

Ordering Fax Number: _____

Internet Address: www.flyimagineair.com/resv

Federal ID Number: F202459285

Remit Address: 460 Briscoe Blvd Ste 210

City, State, Zip: Lawrenceville, GA 30045

Email Address: hqureshi@flyimagineair.com

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Circle one	

WILL ACCEPT THE STATE OF FLORIDA PURCHASING CARD (VISA)

Attach additional addresses for all locations in Florida authorized to perform services under this Agreement. All locations must be registered in MyFloridaMarketPlace.

VENDOR COMPANY NAME:

REFERENCES: (EXHIBIT F)

AIR TAXI SERVICES

LIST BELOW CONTACT INFORMATION FOR THREE PASSENGERS, WILLING TO SERVE AS REFERENCES. INCLUDE NAMES, AGENCY/COMPANY NAMES, EMAIL ADDRESSES AND TELEPHONE NUMBERS.

<u>Reference 1:</u>	
Passenger Name:	Sid Theus
Agency/Company Name:	Amarapaint
Email Address:	rheffron@amerapaint.com
Telephone Number:	770.995.8787
<u>Reference 2:</u>	
Passenger Name:	David Carico
Agency/Company Name:	Omega Financial, Inc.
Email Address:	ltalley@omegafi.com
Telephone Number:	800-276-6342, ext 1123
<u>Reference 3:</u>	
Passenger Name:	Marc Datelle
Agency/Company Name:	Cypress Care
Email Address:	mdatelle68@yahoo.com
Telephone Number:	800-419-7191

EMERGENCY SITUATIONS (EXHIBIT G)

AIR TAXI SERVICES

Emergency situations, resulting from events such as natural disasters, may require immediate supply of commodities and services to various government entities.

If your firm is capable and willing to supply item(s) offered in this solicitation during an emergency, please complete the following:

AGREEMENT TITLE

CONTACT PERSON (24 HOURS)

Haroon Qureshi

EMERGENCY TELEPHONE NUMBER

678-226-2329 x3

PAGER TELEPHONE NUMBER

CELLULAR TELEPHONE NUMBER

ANSWERING SERVICE / AFTER HOURS TELEPHONE NUMBER

678-226-2329 x3

The above information will be used by this office should the State of Florida determine an emergency situation exists.

VENDOR COMPANY NAME:

ImagineAir