



Convention Services Electrical Order Form

Tell us a little about the event...

Event Name: _____
 Event Dates: _____
 Convention Services Manager: _____



Tell us a little about yourself...

Your Name: _____ Company Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____ Email: _____

Just a little more information...

On-Site Contact: _____ On-Site Cell Phone: _____
 Install Location(s): _____
 Install Date/Time: _____ @ _____ Disconnect Date/Time: _____ @ _____

What do you need?

Item	Daily Rate	Qty	# Days	Total
Power Strip – 6 way	\$ 15.00	x _____	x _____	= _____
Extension cord (25' or 50', 14 AWG)	\$ 15.00	x _____	x _____	= _____
20 Amp / 120 Volt Power Outlet (2000 watt)	\$ 75.00	x _____	x _____	= _____
30 Amp / 120 Volt Power Outlet (3000 watt)	\$ 100.00	x _____	x _____	= _____
20 Amp / 208 Volt Single Phase	\$ 150.00	x _____	x _____	= _____
30 Amp / 208 Volt Single Phase	\$ 175.00	x _____	x _____	= _____
60 Amp / 208 Volt Single Phase	\$ 250.00	x _____	x _____	= _____
100 Amp / 208 Volt Single Phase	\$ 350.00	x _____	x _____	= _____
100 Amp / 208 Volt Three Phase	\$ 600.00	x _____	x _____	= _____
200 Amp / 208 Volt Three Phase	\$1000.00	x _____	x _____	= _____

Subtotal - Add up all the Totals _____
 Service Fee - 10% of Subtotal if ordering within 10 days of installation _____
 Service Charge – min \$75 **OR** 22% of subtotal (whichever is greater) _____
 Sales Tax – 7% of subtotal, service fee, and service charge _____

TOTAL DUE – sum of subtotal, service fee, service charge, tax _____
For additional equipment or services, please contact our office directly at 305-377-4411 or email our Sales Dept. at jcallaghan@psav.com or mquiroya@psav.com

Payment Information...

Bill to Master Account Bill to Credit Card on attached consent form
NO ORDER WILL BE CONFIRMED WITHOUT COMPLETE PAYMENT INFORMATION

Fax this form to: (305) 377 - 3116 Attn: PSAV Sales

FAXING OF THIS FORM DOES NOT CONSTITUTE CONFIRMATION OF AN ORDER. PSAV responds to all requests within 3 business days with the order's status (confirmed or not confirmed). If you do not hear from PSAV within 3 business days, **RE-SEND THE ENTIRE REQUEST** or call our office at 305-377-4411.

SIGNATURE as acceptance of this form in it's entirety _____

What you need to know...

All rates are daily. Billing begins on the install date.

Orders received less than 14 days from installation date are subject to an additional 10% service fee.

PSAV is not responsible for service interruption due to utility company failure, permanent power distribution failure, vandalism, faulty equipment or overloads.

TAX EXEMPTION: Florida state law mandates that you must provide a valid, non-expired tax exemption certificate for the State of Florida **BEFORE** any sales taxes are exempted.

CANCELLATIONS: 7 day notice must be given to avoid a 50% charge of order total. Any cancellations within 72 hours of delivery will be billed at full price. Cancellations due to weather will be billed at full price.

LABOR: Electrician labor, if required, is subject to the prevailing hourly rate with a 5 hour minimum. PSAV reserves the right to determine if labor is required. Please call our office for current prevailing rates.

On-site additions are subject to additional labor, delivery, and/or installation charges. Rev20090313



Credit Card Consent Form

Type of card **American Express** **Visa** **Master Card**

Cardholders Name _____

Credit Card Number _____

CIV Number _____
(3 digit security # on the back of Visa or MC, 4 digit security # on the front of AMEX above the CC #)

Expiration Date _____

Cardholder's Phone Number _____

Cardholder's Billing Address _____

State and Zip Code _____

I, (please print) _____, certify the above information to be true and correct to the best of my knowledge. As the cardholder or authorized signatory on the account, I am authorizing the above credit card account to be charged by PSAV and the charges to include any additional amounts incurred as a result of all additions and/or show site changes made by myself or my representatives.

Signature

Date

FAX THIS FORM ALONG WITH LEGIBLE PHOTOCOPIES OF THE FRONT AND BACK OF THE INTENDED CREDIT CARD TO 305.377.3116

Cancellation Policy

- A) Cancellations received within 7 business days of the scheduled delivery/load in date are subject to a 50 % charge of the order total.
- B) Cancellations received within 72 hours of the scheduled delivery or "no-shows" are subject to the full amount of the order to include installation, drayage and tax.
- C) Cancellations due to weather calls made by Hotel, Client, and/or PSAV are subject to the full amount of the order and will include any scheduled labor for the set, operation, and strike of the equipment.

For office use only	DRO # _____	Rental Order # _____	Job # _____
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