## TELEPHONE AND ELECTRIC FORM

Event Name: Your Company Name:						Event Date:							
						Booth #							
				ST:									
Phone:	Fax:				-mail:								
☐ Please indicate if you would like e-mail confirmation that your order has been received													
Card Type: MasterCard						Visa				American Express			
Credit Card #			Corporate	!		Ш	Perso	nal					
- Crount Cara n													
				EXPIRATION DATE									
Cardholder's N	ame (PRINT)							'			1	1	
_	(if different from												
City:	ST:	Zip:		1 e1:									
Cardholders Signature:Date:													
x Phone	none Rental @ Line @ \$90 fo Line for (#	r 1 <sup>st</sup> day	one						\$_				
		,	,	, , , , , , , , , , , , , , , , , , ,				ub Tota					
NY state tax (8.375%							· <del></del>						
						141 3	iaic iax	Tota	_				
NOTE: ALL LINES HAV	VE LOCAL ACCESS ON	LY AND DO <u>NOT</u> R	EQUIRE DIALING	G " <b>9</b> " BEFORE T	HE PHON	IE NUMBEF	₹	100	Ψ_				
			M	ELECTI	RIC /	<b>*</b>							
x 20 amp	p outlet (1700 \	Natt /110 Vo	olt ea.) @ \$	75 per day	Χ.	D	ays		\$_				
x Extension Cord Rental (25' 3-phase) @ \$10									\$_				
							Su	ıb Total	\$_				
						NY sta	ate tax (	8.375%)	\$				
							•	Tota	· <u></u>				
For direct	tie-in to main p	oower, tie-in	/tie-out, an	d electricia	an lab	or fees	please	consult	your E	vent C	oordina	tor	
		OVERALL	. TOTAL T	O BE CH	ARGE	D TO	CREDIT	Γ CARD	\$_				

Fax this completed form to the Accounting Department at (212) 463 7099