

ELECTRICAL SERVICES
ORDER FORM

JOHN S. KNIGHT CENTER

77 EAST MILL STREET, AKRON, OH 44308
330.374.8900 800.245.4254 Fax 330.374.8825

EVENT NAME: _____
BOOTH NUMBER: _____ E-MAIL: _____
COMPANY NAME: _____
CONTACT PERSON: _____
TELEPHONE NUMBER: _____
ADDRESS: _____

FOR OFFICE _____
USE ONLY _____ EVENT ID: _____
DATE RECEIVED: _____

NOTE: To take advantage of the "Pre-Order" rate, orders must be Paid In Full Ten (10) Business Days Prior to First Move-in date.

SECTION (A) NON-TAXABLE ITEMS	PRE-ORDER RATE	ON-SITE RATE	TOTAL
LOW POWER			
120 Volts up to 1000 Watts	\$62.00	\$72.00	\$
120 Volts up to 2000 Watts	\$85.00	\$95.00	\$
HIGH POWER			
20 Amp, 208 Volt Single Phase Service	\$100.00	\$110.00	\$
30 Amp, 208 Volt Single Phase Service	\$125.00	\$135.00	\$
30 Amp, 208 Volt Three Phase Service (30 Amps or less)	\$175.00	\$185.00	\$
30 Amp, 480 Volt Three Phase Service (30 Amps or less)	\$180.00	\$190.00	\$
SPECIAL POWER (For special requests, contact Customer Service prior to submitting written request.)			
208 or 480 Volt or Single Phase greater than 30 Amps (per Amp)	\$4.00	\$4.50	\$
208 Volt Three Phase greater than 30 Amps (per Amp)	\$5.00	\$5.50	\$
480 Volt Three Phase Service greater than 30 Amps (per Amp)	\$8.00	\$8.50	\$
SUB-TOTAL FOR NON-TAXABLE ITEMS (SECTION A ONLY) \$ _____			

SECTION (B) TAXABLE ITEMS	PRE-ORDER RATE	ON-SITE RATE	TOTAL
ACCESSORIES			
Extension Cord (each)	\$10.00	\$13.00	\$
Multi-Tap Box	\$15.00	\$18.00	\$
Adapter for "Non-Nema" Plugs and Receptacle	\$15.00	\$18.00	\$
SUB-TOTAL FOR TAXABLE ITEMS (SECTION B ONLY) \$ _____			
6.75% Sales Tax (SECTION B ONLY) \$ _____			
GRAND TOTAL DUE: = \$ _____			

Please complete the attached Credit Card Authorization & Payment Form and submit with your order forms.

1. Rates quoted cover bringing of service to back of booth and does not include connection your equipment. 2. All wiring or electrical work on exhibitor's display is charged on a time and materials basis.
3. Tagging of equipment for proper voltage, phase, and special connections requirements is exhibitor's responsibility. 4. Exhibitors using sensitive electronic equipment should provide their own power conditioning equipment.
5. John S. Knight Center is not responsible for voltage or frequency variances. 6. Any motor 1/2 horsepower or larger must have a safety switch.

PRICES ARE BASED ON CURRENT RATES AND ARE SUBJECT TO CHANGE WITHOUT NOTICE



JOHN S. KNIGHT CENTER

CREDIT CARD AUTHORIZATION & PAYMENT FORM
IF FAXING, PLEASE DO NOT DUPLICATE BY MAILING THE COPIES

EMAIL TO: orders@visitakron-summit.org
OR

MAIL TO: **John S. Knight Center**
Attention: Finance Department
77 East Mill Street, Akron, OH 44308
Telephone - 330.374.8900 Toll Free - 800.245.4254 Fax - 330.374.8825
www.johnsknightcenter.org

I, the undersigned cardholder, give the John S. Knight Center, Akron, OH, USA authorization to charge my credit card for the amount totaling \$ _____ (US Currency).

PAYMENT NOTICE:

1. PRE-ORDER RATES APPLY ONLY TO ORDERS RECEIVED AND PAID IN FULL 10 BUSINESS DAYS PRIOR TO THE FIRST SCHEDULED MOVE-IN DAY.
2. ON-SITE RATES must be paid at move-in for all other orders. NO EXCEPTIONS.
3. ALL ORDERS MUST BE PAID IN FULL WITH U.S. FUNDS BY OPENING OF FIRST DAY OF EVENT.
4. A minimum \$30.00 fee will be charged for each Returned Check.

IMPORTANT CONDITIONS AND REGULATIONS

- CONDITIONS FOR PROCESSING SERVICE ORDER FORMS**
1. Payment in FULL, IN U.S. FUNDS must accompany service order form.
 2. All information must be completed in full for order to be processed. Incomplete forms delay processing which results in delayed service installation.
 3. State Sales Tax will be charged on every taxable order that is not submitted with a completed Certificate of Exemption Form.
 4. No Service will be installed until payment is received.
 5. Cancellations: Refunds will be computed as follows:
 - 1) After installation – NO REFUND
 - 2) Refunds will be given on pre-orders up to 3 days prior to move-in of event

To be completed by Cardholder:

Please complete all areas below. Incomplete requests will be rejected and orders will not be processed. The Center reserves the right to decline acceptance of any card-not-present transaction at its discretion.

Corporate Card Personal Card

Cardholder Name: _____ Company: _____

Credit Card Billing Address: _____

City: _____ State/Province: _____ Zip/Postal code: _____

Country: _____

Daytime Telephone: _____ Fax Number: _____

E-mail: _____

Check One: Visa MasterCard American Express Discover

Card Number: _____ Exp Date: _____

CID Number: _____ Visa/MC/Disc: Last 3 digits located on card back in signature panel Amex: 4-digit number located on card front right

Typed Signature of Cardholder: _____ Date: _____