



PLUMBING AND AIR RENTAL ORDER FORM	
13750 WEST COLONIAL DRIVE SUITE 350-362 WINTER GARDEN FL 34787 TEL: (407) 351-4158 FAX: (407) 704-2454 <u>ORDERS@POWERSOURCESERVICES.COM</u>	SHOW NAME: DAYTONA BEACH HOME SHOW LOCATION: DAYTONA COMPANY: BOOTH#:

GAS- WATER-DRAIN	
INDICATE SERVICE & SIZE REQUIRED:	LOCATION OF SERVICE (INDICATE WHERE)

GAS _____ WATER _____ DRAIN _____ LEFT RIGHT

AISLE

GAS, WATER, DRAIN LINES	FIRST 25 FEET	ADDITONAL 20 FEET	CONNECTION FROM BOOTH OUTLET TO MACHINE	TOTAL
1/2"	\$175.00	\$60.00	\$50.00	
3/4"	\$175.00	\$5.00	\$50.00	
1"	\$175.00	\$5.50	\$50.00	
1.5"	\$175.00	\$6.00	\$50.00	
2"	\$175.00	\$6.50	\$50.00	

QUANTITY (INDICATE AS REQUIRED)	
() FILL & DRAIN	0 - 199 GALLONS \$175.00 EACH
() FILL & DRAIN	200 -399 GALLONS \$150.00 EACH
() FILL & DRAIN	400 -600 GALLONS \$225.00 EACH
() FILL & DRAIN 600 GALLONS AND OVER..	QUOTATIONS AVAILABLE UPON REQUEST

AIR

Air Outlets will be installed at rear of booth, terminating in 1/2" female pipe thread. Connections MORE than 20 feet apart require additional air lines. Rates are \$325.00 for air outlet to booth with valve, plus \$4.00 for each CFM. This does not include connection from valve to exhibitor equipment. Charges for such connection are \$49.00 per connection.

PLEASE SPECIFY: 1.) TOTAL AIR OUTLETS REQUIRED		AT \$325.00 EACH
2.) CONNECTION SIZE REQUIRED		TOTAL CONNECTIONS AT \$49.50 EACH..
3.) TOTAL CFM REQUIRED		AT \$4.00 PER CFM
4.) PSI REQUIRED		
5.) CONTINUOUS	INTERMITTENT 	

SUBTOTAL:	
6.5% STATE SALES TAX	
TOTAL	

CUSTOMER AGREEMENT

POWER SOURCE SERVICES WILL NOT BE RESPONSIBLE FOR MOISTURE OF WATER IN AIR
LINE. EXHIBITOR SHALL SUPPLY OWN FILTER OR OTHER EQUIPMENT TO HANDLE MOISTURE
OR WATER. POWER SOURCE SERVICES REQUIRES 15 DAYS NOTICE IF THEY ARE REQUESTING
TO SUPPLY SPECIAL REGULATORS OR FILTERS ON RENTAL BASIS TO ENSURE INSTALLATION BEFORE SHOW OPENING. ORDERS RECEIVED
AFTER DEADLINE ARE SUBJECT TO 20% SERVICE FEE. NO REFUNDS WILL BE GIVEN FOR INSTALLED SERVICES THAT ARE NOT USED.

CUSTOMER DEPOSIT: 100% MUST ACCOMPANY ORDER.

IF YOU WOULD LIKE AN ELECTRONIC INVOICE PLEASE LEAVE CREDIT CARD INFORMATION BLANK

PAYMENT METHOD: ☐ MASTERCARD ☐ VISA ☐ AMEX ☐ CHECK ☐ ELECTRONIC INVOICE

CREDIT CARD #	EXP. DATE:	CVV:
CARDHOLDERS NAME: (PRINT)		
AUTHORIZED SIGNATURE:	CARDHOLDERS ZIP:	

FIRM NAME:	EMAIL:
ADDRESS:	TELEPHONE:
CITY/STATE/ZIP	FAX:
SIGNATURE:	PRINT NAME: BOOTH #:

RECEIPTS OR INVOICES WILL BE SENT TO THE E-MAIL ADDRESS PROVIDED.