



## ADVANCE ELECTRICAL SERVICE ORDER FORM

Name of Show: \_\_\_\_\_ Booth#: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Ordered by: (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

### ELECTRICAL SERVICES

\_\_\_\_\_ 20 AMP 110 Volt                      \$70 each                      \$ \_\_\_\_\_

**Hookups Listed Below Require an In-House and/or House-Appointed Electrician Charged Out at the Going Rate:**

_____ 30 AMP 110 Volt*	\$80 each	\$ _____
_____ 40 AMP 110 Volt*	\$90 each	\$ _____
_____ 20 AMP 208 Volt*	\$70 each	\$ _____
_____ 30 AMP 208 Volt*	\$80 each	\$ _____
_____ 40 AMP 208 Volt*	\$90 each	\$ _____
_____ 50 AMP 208 Volt*	\$100 each	\$ _____
_____ 3-Phase	25 percent	\$ _____

\*All wiring must be in accordance with local and state electrical codes. All wiring will be performed by an in-house and/or house-appointed electrician.

\*\*County sales tax effective 1/1/2018. If payment made & received prior to 1/1/18 do not include county sales tax in total amount due.

**Subtotal** \$ \_\_\_\_\_

NOTE: A 20% surcharge will be applied to all orders not received 10 days prior to show and to orders without full payment.

**County Sales Tax - .25%** \$ \_\_\_\_\_ \*\*

**State & Local Sales Tax - 7.375%** \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

Accepted forms of payment for electrical service are cash, check (payable to River's Edge Convention Center, 10 4<sup>th</sup> Avenue South, St. Cloud, MN 56301) or MasterCard, Visa or Discover credit cards. River's Edge does not accept American Express.

If paying by credit card, please write credit card number, expiration date, security code and billing address for the credit card statement on cover sheet and fax to River's Edge at 320-255-9863. You may also call the River's Edge Administration Office at 320-255-7272 with credit card information. For security reasons, please do not email credit card information.

Email the Electrical Service Order Form to: [Dianne.Koch@ci.stcloud.mn.us](mailto:Dianne.Koch@ci.stcloud.mn.us) 7/17

#### OFFICE USE ONLY

AMOUNT PAID: \$ \_\_\_\_\_

DATE: \_\_\_\_\_ BY: \_\_\_\_\_

CHECK #: \_\_\_\_\_ CC: \_\_\_\_\_