

Internet & Telephone Request Form

CUSTOMER INFORMATION		
PLEASE PRINT OR TYPE		
Company:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Contact:		
Email:		

Telephone/Internet Equipment (subject to service fee)	Qty	Event Advance Rate	Event On-Site Rate	Total
Wired VoIP Telephone One time fee, per unit		daily/weekly \$175++/ \$300++	\$175++	\$
8 Port switch One time fee.		\$100++	\$120++	\$
Wired Line Ethernet for Internet dedicated Access. One time Fee. One User, basic, DHCP.		\$400++	\$480++	\$
Add On: Additional Wired Line Ethernet for Internet dedicated Access. One time Fee. One User, basic, DHCP.		\$200++	\$240++	\$
Private Static Address w/ VLAN Configuration.		\$600++	\$640++	\$
Public Static IP Address w/ VLAN Configuration.		\$700++	\$740++	\$
Add On: Add On: VLAN Configuration DHCP/Bypass Splash Page.		\$470++	\$675++	\$

For additional custom quotes or for questions, contact:
Phone 407-939-3050 | Fax: 407-938-0440
Email: psav1643@psav.com

- ++ indicates service fee (currently 24%, which is taxable) and sales tax (currently 6.5%). Prices, service fee, and taxes are subject to change without notice.
- Equipment listed does not reflect our total inventory; please call for additional information and pricing.

DELIVERY INFORMATION	
Convention Name:	
Exhibit Hotel Name:	
Booth #:	
On-Site Contact/Cell:	
Delivery:	Pick-Up:
Date:	Date:
Time:	Time:
Notes:	

RENTAL POLICY
<ul style="list-style-type: none"> • All equipment to be in operating condition upon delivery. If a malfunction is experienced in operation, the problem must be reported immediately. We will replace or repair the equipment. We are not responsible for problems reported after the rental period. • Clients are responsible for all items while in their use; this includes damage, loss, theft, or vandalism. Repair or replacement costs will be charged. • Cancellation of Equipment: 48 hour notice of cancellation is required for rental equipment or a fee of 50% of the normal one day rental rate will be charged. If equipment is delivered, client will be charged the normal event rate. • Prices are based on current weekly rates and are subject to change without notice. • All equipment is on an event rate per-booth basis.

PAYMENT INSTRUCTIONS	
Please indicate method of payment. This section must be completed before your order can be processed. A credit authorization is requested as a deposit against additional services and/or labor. Payment of any balances may be made by company check upon presentation of statement while at the event. However, a credit card authorization must be on file. Any balances outstanding as of move-out will be charged to your account. You may phone or fax your credit card information, please do not e-mail credit card information.	
Card Type: ___Amer. Ex ___Visa ___MasterCard ___Discover	
Card #	
Exp. Date:	CCID#:
Card holder name:	
Signature:	
Total Equipment Rental	\$
24% Service Fee	\$
6.5% FL Sales Tax	\$
TOTAL	\$