

# GARDEN STATE EXHIBIT CENTER

50 ATRIUM DRIVE • SOMERSET, NJ 08873

Phone • 732-469-4000 fax • 732-563-4500

Booth # \_\_\_\_\_

## WATER & DRAINAGE ORDER FORM

### GENERAL CONDITIONS

Connections prices listed below cover running service from the main lines to the booth only. All work performed within the booth in attaching lines to equipment will be charged on a time and material basis except as noted below. A separate charge will be made for each piece of equipment using connected services, whether connected direct or otherwise. No Refunds.

**All orders must be accompanied by a credit card or check payable to: I&G GS Exhibit, L.L.C.**  
**CUSTOMER WILL BE RESPONSIBLE FOR FULL PAYMENT OF CHARGES BEFORE INSTALLATION.**

**ALL ORDERS NOT RECEIVED 10 DAYS PRIOR TO FIRST SETUP DAY OF SHOW WILL BE CHARGED FLOOR PRICE.**

		Advance Price	Floor Price
ONE TIME FILL, ONE TIME EMPTY	(I.E., Pools, Spas, Ponds, & Water Tanks)	\$125.00	\$175.00
WATER – COLD – PRESSURE 35 LBS.	Service Charge for connection up to 1/2"	\$125.00	\$175.00
DRAINAGE	Service Charge for connection up to 1 1/2"	\$110.00	\$150.00

Type	Size of line needed	Number of Connections	Price
One Time Fill/One Time Empty			\$
Water – Cold			\$
Drainage			\$
<b>TOTAL REMITTED</b>			\$

All prices include NJ sales tax. If larger size pipe is requested from above sizes, add 25% for each 1/4" needed to charges.

(Please Print)

NAME OF SHOW \_\_\_\_\_ DATES: \_\_\_\_\_

EXHIBIT NAME: \_\_\_\_\_ COMPANY NAME (if different from Exhibit Name): \_\_\_\_\_

BOOTH REPRESENTATIVE: \_\_\_\_\_ BOOTH # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ TELEPHONE #: ( ) \_\_\_\_\_

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any of the amount of these charges. I also agree that all charges contained in this amount are correct and any disputes or requests for copies of charges must be made within five days after my departure. I represent that I am authorized to bind the indicated company or association.

CARD MEMBER NAME (as it appears on the card): \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ MC(\*)  VISA  AMEX

ACCOUNT NUMBER: \_\_\_\_\_ \*If using MasterCard indicate the four numbers above your name here. → \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

Please return via fax to 732-563-4500