

PLUMBING SERVICE ORDER FORM

Please Type or Print All Entries. This Form Must be Filled Out Completely

IMPORTANT: In order to ensure having service on the date desired, this application and payment must be received 15 days prior to the requested service date. If your order is received any time after 15 days before the start of the event or if payment is not included, we will make the best efforts but cannot guarantee installation prior to the opening of the event.

MAIL / FAX TO:

Finance Dept/The Pasadena Convention Center
 300 E. Green Street, Pasadena, CA 91101
 Tel: (626) 793-2122 Fax: (626) 844-1426

PLUMBING SERVICE

<u>QUANTITY</u>	<u>Type of Service</u>	<u>Price</u>	<u>Total</u>
	Water Fill and Drain	\$125.00	\$ _____
		*Floor Order Fee	\$ _____
		\$50.00:	\$ _____
		Sub-Total:	\$ _____
		9.75% Sales Tax:	\$ _____
		Total Due:	\$ _____

* FLOOR ORDERS RECEIVED DURING EVENT SET-UP WILL REQUIRE A \$50 SERVICE CHARGE.

** KEEP ONE COPY FOR YOUR RECORDS & RETURN ONE COPY TO THE PASADENA CONVENTION CENTER WITH PAYMENT.

REQUESTED DATE FOR WATER FILL: _____
 (Fillings to be completed by 6:00pm on the date requested, except for Sundays)

REQUESTED DATE FOR DRAIN: _____

PAY BY CHECK		PAY BY CREDIT CARD	
IMPORTANT: Please make checks payable to Pasadena Convention Center with return of this order. Orders received within 10 days of event must be accompanied by a cashier's check.		Please bill my credit card as indicated for all services ordered. I understand that all charges will be billed upon receipt of order. I authorize any additional charges to be billed at the close of the event.	
<input type="checkbox"/> Master Card		<input type="checkbox"/> Visa Card	
<input type="checkbox"/> AMEX		Credit Card # _____ Exp. Date _____	
Check # _____ Amount _____		Cardholder's Name (Print) _____ Authorized Signature _____	
EVENT NAME:		EVENT DATES:	
COMPANY NAME:		BOOTH #:	
ADDRESS:		TELEPHONE#:	
CITY, STATE, ZIP		FAX #:	
SIGNATURE:		CONTACT:	

CREDIT CARD CHARGES, IF APPLICABLE, WILL APPEAR ON YOUR NEXT STATEMENT.

Finance Dept Use Only:

fill/drain svc order form 7-1-08

Date Order Rec'd _____ Amount Recv'd _____