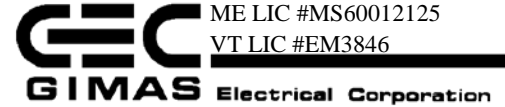


MAIL COMPLETED ORDER FORM WITH PAYMENT TO:

Gimas Electrical Corporation
P.O. Box 6175
Manchester, NH 03108-6175
Office: (603) 666-4343
Fax: (603) 644-7972
gimaselectric@gmail.com

SNA - NH
Grappone Ctr, Concord, NH
August 22, 2023



NH LIC #4325
MA LIC #355MR
ME LIC #MS60012125
VT LIC #EM3846

Electrical Service Order Form



Refunds will not be given for electrical services after the start of the show. All exhibitors are responsible for making sure they have power before the start of the show.



ELECTRICAL SERVICE IS REQUIRED FOR THE FOLLOWING EQUIPMENT:

CONDITIONS AND REGULATIONS:

1. Building utility outlets are not a part of booth space and are not to be used by the exhibitors unless specified otherwise.
2. All equipment regardless of source of power must comply with all federal, state and city safety codes.
3. Claims will not be considered unless filed by exhibitor prior to close of show.
4. Under no circumstances shall anyone other than the "house electrician" make special or direct wiring electrical connections.
5. All equipment must be properly tagged and wired with complete information as to type of current, voltage, phase, cycle, horsepower, etc.
6. All material and equipment furnished by GEC for this service order shall remain the property of GEC and be removed ONLY by GEC at close of the show.
7. Rates quoted for all connections cover only bringing of electrical services to the booth in the most convenient manner and do not include connecting equipment or special wiring.
8. The charge for outlets will be made on the basis of maximum wattage for use at the time of inspection.
9. GEC is not responsible for voltage fluctuation, power failures or power surges because of temporary power conditions.
10. Credit will not be given for outlets installed and not used.
11. ALL ORDERS ARE A SINGLE PLUG OUTLET. SHORT EXTENSION CORDS AND 4 PLUG OUTLET BOXES ARE AVAILABLE FOR RENTAL.

☞ Electrical service forms must be received by GEC no later than 15 days before first day of show or floor rate will be charged ☜

| Qty Needed | Description | Discount Price | Floor Price | Total (Qty x Price) | Qty Needed | Description | Discount Price | Floor Price | Total (Qty x Price) | |
|------------|--|----------------|-------------|---------------------|------------|---|----------------|-------------|---------------------|--|
| | 10 amp / 1200 watts 120 volts | 75.00 | 105.00 | | | 30 amp / 6000 watts 208 volts single phase | 275.00 | 340.00 | | |
| | 20 amp / 2400 watts 120 volts | 90.00 | 130.00 | | | 50 amp / 10,000 watts 208 volts single phase | 325.00 | 420.00 | | |
| | 4 Plug Outlet Box <u>Only</u> (Order power separately) | 9.00 | 11.00 | | | 20 amp / 7000 watts 208 volts 3 phase | 275.00 | 340.00 | | |
| | Short Extension Cord <u>Only</u> (Order power separately) | 9.00 | 11.00 | | | 30 amp / 10,000 watts 208 volts 3 phase | 325.00 | 420.00 | | |
| | 20 amp / 4000 watts 208 volts single phase | 250.00 | 300.00 | | | 50 amp / 17,000 watts 208 volts 3 phase | 375.00 | 495.00 | | |
| | | | | | | Total Amount Due | \$ | | | |

PAYMENT POLICY: PAYMENT IN FULL is required on all orders when order is placed, by cash, check or credit card.

- Cash or check payments require a credit card to guarantee order.
- On all orders placed at the show, floor order rates will be charged and credit card is required.
- If credit card is declined, a \$25 service fee will be added and floor rates charged.
- A \$15 fee will be automatically charged to vendors when full payment is not received when services are rendered.

☞ Please print clearly and completely for proper authorization ☜

This section **MUST** be completed and signed to receive service **regardless of payment type**

Company Name: _____ Contact Person: _____
 Company Address: _____ City: _____ State: _____ Zip: _____
 Office #: (____) _____ Fax #: (____) _____ Cell #: (____) _____ Email: _____
 Name (print): _____ Authorized Signature: _____
 Signature authorizes this Order/Contract and credit card (if given below for payment) **A Signature IS REQUIRED to receive service**
 Date: _____ Booth #(s) if avail.: _____

COMPLETE FOR CREDIT CARD PAYMENTS ONLY : VISA M/C AMEX

CC #: _____ Exp. Date: _____/_____
 CC Billing Address: _____ City: _____ State: _____ Zip: _____
 Security Code **REQUIRED**, 3 digit found on back of card (Visa, M/C) or 4 digit found on front of card (Amex): _____

The charge will appear as Gimas Elec/Trade Shows on your credit card statement

This form serves as your Receipt/Invoice