

ICE & WATER COOLER ORDER FORM



RETURN TO: ARAMARK Corporation - 3150 Paradise Road - Las Vegas, Nevada 89109 USA - Phone 702-943-6910 - Fax 702-943-6911

Show/Event Name			
Company			Booth Number
Address: Street		City, State, Zip, Country	
Phone	Fax	E-mail	
Authorized Contact Signature		Authorized Contact - Please Print	

Water Cooler Rentals

Cold Water Cooler **\$35.00+ per day**

5 Gallon Jugs of Water **\$26.00++ each**

Water coolers may be rented for the duration of the show, but will be removed 1 hour prior to show close on the final day to prevent damage or loss of unit. It is the responsibility of the Exhibitor to provide an electrical outlet for the cooler(s) rented. The Exhibitor is also responsible for any damage to the unit while it is in the booth or replacement cost if it is stolen.

Ice Delivery

20 lbs Bag of Ice **\$25.00++ each, 2 Bag Minimum Per Delivery**

Lexan Rental **\$15.00+ per day**

Clear plastic lexan tubs can be rented from ARAMARK for ice storage, if needed. A replacement fee of \$25.00 per tub will be charged in addition to the rental fees if the tub(s) are not returned.

To ensure timely availability, all orders must be received 30 days prior to the start of the show. Orders received less than 30 days prior will be assessed a 10% late service fee.

****If more space is needed, please make copies of this form.****

Delivery Date & Time	Item	Quantity	Price	Total
			Subtotal	\$
			Sales Tax (8.1%)	\$
			Gratuity (19%)	\$
			TOTAL	\$

+ Sales tax applicable only.

++ Sales tax & gratuity applicable.

ARAMARK requires full payment in advance of all services. Payment may be made by company check, American Express, Visa or Mastercard. Please complete Credit Card Authorization Form.



Credit Card Authorization Form

SHOW NAME: _____

COMPANY: _____

BILLING ADDRESS: _____

TEL #: _____ FAX #: _____

Company check used for initial deposit.
Credit card to be used for reorders & the balance of bill.

Credit card to be used for all charges during the show and
For any re-ordering on site.

American Express Visa MasterCard

CARDHOLDER'S NAME: _____

CREDIT CARD #: _____
EXPIRATION DATE: _____

BILLING ADDRESS OF
CREDIT CARD: _____

SIGNATURE: _____

Customer agrees to pay total charges as specified on the catering order(s) as well as applicable charges on additional items ordered on site.

****A copy of the credit card front and back must accompany this form. ****

Under no circumstances will ARAMARK accept re orders without a credit card on file.

Under no circumstances does ARAMARK take orders or credit card numbers over the phone. Customer must either fax or mail order with signature of cardholder.