



# REQUEST FOR PLUMBING & COMPRESSED AIR

Name of Event: \_\_\_\_\_ Event Dates: \_\_\_\_\_ Booth: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Authorized by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLUMBING & COMPRESSED AIR: \_\_\_\_\_ INSTALLATION DATE: \_\_\_\_\_**

Type of Service	Quantity	*Advance Rate	Standard Rate	Total
<i>Plumbing</i>				
• Cold Water (single outlet 3/4" female threaded connection)		\$215	\$265	\$
• Fill and Drain per 500 gallons		\$125	\$150	\$
• Drain Line Service Outlet, 1 1/2" max. size		\$165	\$210	\$
<i>Compressor Air:</i>				
• 1/2" female threaded connection - 100 PSI max		\$315	\$400	\$
• Number of connections <b>(One connection included, labor charges will apply for additional connections; see labor rates below)</b>				

**Sub-Total \$ \_\_\_\_\_**

*Utility will be installed to the back of the booth and/or in the most convenient manner. If installation is required in an exact location (other than the most convenient) or a special connection is required, a labor charge will apply (see rates below). Please include a floor plan with your order for exact placement of utility.*

**\* In order to receive the ADVANCE rate, the order form payment (US Dollars) must be received 15 days prior to first exhibitor move-in day.**

**OTHER REQUESTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO BE COMPLETED BY COBO CENTER PERSONNEL:**

**LABOR:**

Plumbing or Compressed Air: (1/2 hour minimum)	Date Needed	# of Hours	Rate per Hour	Total
Straight time: M-F 8:00 AM - 4:30 PM (Except Holidays)			\$81.47	\$
Overtime: Sat. & Sun - 8:00 AM - 4:30 PM, M-F 4:30 PM - 8:00 PM			\$115.91	\$
Holidays			\$148.27	\$

**Labor Total \$ \_\_\_\_\_**

**MATERIALS:**

Item Description	Quantity	Unit Cost	Total
			\$
			\$
			\$

**Materials Total \$ \_\_\_\_\_**

**Grand Total \$ \_\_\_\_\_**

**\*\*\*The credit card section on page 2 must be completed at the time the order form is submitted\*\*\***

For questions regarding your order please call (313) 877-8219 or (313) 877-8288

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**(PLEASE PRINT)**

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Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

## **TERMS AND CONDITIONS**

1. Payment in full must be rendered prior to delivery of service.
2. Credit will not be given for service installed, but not used. If services is cancelled prior to installation, a 50% cancellation fee applies
3. Change of orders after installation may be subject to plumbing labor charges. Minimum of 1/2 hour.
4. All material and equipment furnished by Cobo Center for the service order shall remain the property of Cobo Center and shall be removed only by Cobo Center staff at the close of the show.
5. Rates quoted for all connections cover the delivery of service to the booth/space in the most convenient manner and do not include connection equipment. Request for special services such as placing hoses or relocating service(s) will be subject to additional labor charges.
6. Claims will not be considered unless filed by the exhibitor prior to the close of the show.
7. All equipment to be connected by the Cobo Center technicians must comply with federal, state and local safety codes.
8. Under no circumstance should anyone other than a Cobo Center Technician make service connections.
9. All equipment using water must have an inlet and outlet properly tagged.
10. If compressed air and water are critical, Cobo Center recommends the exhibitor arrange to have a pressure regulator valve installed. Please also note the water and compressed air are limited to certain areas of the facility. No guarantee can be made of minimum and maximum pressure.
11. Cobo Center will not be responsible for water in compressed air lines or equipment.
12. Cobo Center is not responsible for equipment that is not powered down correctly at end of day.
13. Receipts can be obtained at the Service Desk during move-in only.

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Card #:	CSC#(3-digit):	Exp. Date:
Print Name :		
Authorized Signature:		

**\*\*\*The credit card section above must be completed at the time the order form is submitted\*\*\***

## **FORMS SHOULD BE SUBMITTED TO ONE OF THE FOLLOWING:**

**E-Mail:** orders@cobocenter.com

**Mail:** Cobo Center/SMG  
Attn: Finance Department  
One Washington Blvd.  
Detroit, MI 48226

**Fax:** (313) 877-8800

**For questions regarding your order please call (313) 877-8219 or (313) 877-8288**