



ORDER FORM
For
**TELEPHONE & INTERNET
COMMUNICATIONS SERVICES**



SHOW NAME: _____ SHOW DATE: _____ BOOTH: _____

COMPANY NAME: _____ CONTACT: _____

ADDRESS: _____ TEL: _____

CITY/STATE/ZIP: _____ FAX: _____

CREDIT CARD INFORMATION IS REQUIRED FOR ALL ORDERS. Upon receipt of your order, Comtex will fax you a credit card form for you to complete and fax back to Comtex to process your order. Payment may be made by check if sent **2 weeks prior** to show, but the credit card form is still required for deposit purposes. By signing and completing this form, you understand and agree to the guidelines set out on page 2.

SIGNATURE TO ACKNOWLEDGE THIS ORDER: **X** _____

PRINT NAME: _____ TITLE: _____ DATE: _____

EMAIL ADDRESS: _____

SPECIAL INSTRUCTIONS _____

Service/Equipment	Advance Price	Late Price	Quantity Needed	Extended Price
1. IN/OUT Phone Line (RJ11C) Dial "9" Programming Fee	\$100.00 10.00	\$150.00 15.00	_____	_____
2. Touch Tone Desk Phone	20.00	40.00	_____	_____
3. Digital Cordless Phone	40.00	80.00	_____	_____
4. Fax / Phone Heavy Duty	200.00	300.00	_____	_____
5. Walkie Talkies, FM, UHF, 2 mile range (min. 2)	50.00	100.00	_____	_____
6. Cash Register (with 7% NJ Tax)	150.00	250.00	_____	_____
7. PC: Computer, Monitor, Laptop and/or Printer	CALL	CALL	_____	_____
8. Copy Machine w/paper: light / medium / heavy duty	CALL	CALL	_____	_____
9. Other: _____	_____	_____	_____	_____

Internet Access

10. WiFi (wireless) - Log on at site and pay by credit card. Service cost varies based on days of use, speed, and number of PCs.			_____	_____
11. Wired - Ethernet cable and RJ45 hookup *** Plus cost of service. See #10.	200.00	300.00	_____	_____
12. Ethernet switch, 8 port	200.00	300.00	_____	_____



TOTAL ORDER AMOUNT: _____
7% NEW JERSEY SALES TAX: _____
TOTAL AMOUNT: _____

FOR QUESTIONS REGARDING SERVICES PLEASE CALL 201-896-3333 EXT. 215
FOR FAST SERVICE FAX THIS ORDER TO: 201-896-3767 OR MAIL TO: COMTEX, 29 Poplar St, E. Rutherford, NJ 07073

DATE RECEIVED: _____ TRAFFIC AUTHORIZATION: _____

METHOD OF PAYMENT: _____ TEL. NO.(S) ASSIGNED: _____

AUTHORIZATION NO: _____ MISC: _____

