



STRONCO ELECTRICAL SERVICES

ECRA/ESA Licence # 7004945

The Show People - Established 1952

1510 Caterpillar Rd., Unit B
Mississauga, ON L4X 2W9 Canada
TEL: (905) 270-6767 FAX: (905) 281-4702
Toll Free in North America: 1-800-665-2621
debby.r@stronco.com www.stronco.com

OFFICIAL SUPPLIER ELECTRICAL ORDER FORM for Special Events (Outdoor)

DEADLINE DATE:
AUGUST 25, 2017

COMPANY: _____
 ADDRESS: _____
 CITY: _____ PROV./STATE: _____ POSTAL CODE / ZIP: _____
 CONTACT: _____ PHONE #: _____ FAX #: _____
 NAME OF EVENT **RICHMOND HILL FOOD TRUCK FESTIVAL** LOCATION **RICHMOND GREENS**
 DATE OF EVENT **SEPTEMBER 2 - 3, 2017**

ELECTRICAL REQUIREMENTS

NOTE: These connections will run 24-hours.

If applicable, please provide plug type (ie Nema 14-30P)

	QTY	ADVANCE PRICE	AFTER DEADLINE PRICE	TOTAL AMOUNT
20 Amp, 120V Standard Plug	___	\$150.00	\$200.00	_____
30 Amp, 125/250V Twistlock Plug	___	\$200.00	\$250.00	_____
50 Amp, 125/250V Twistlock Plug	___	\$300.00	\$350.00	_____
60 Amp, 125/250V Stove Plug	___	\$400.00	\$450.00	_____

Name on Truck, if different from Company Name

License Plate #

SPECIAL REQUIREMENTS - Contact STRONCO prior to move-in for Quotation.

Please supply: Amp / HP / KW / Watts Voltage Phase Qty Quoted Price

TERMS & CONDITIONS All prices are for the duration of the show, unless otherwise stated.
All orders must be received and paid for in full 3 days prior to move-in.
Payments will not be accepted on-site.
Refunds will not be given on orders canceled on-site.
All claims/discrepancies must be settled prior to show closing.
Orders will not be accepted or processed on-site.
The sharing of outlets and/or connections is not permitted.
Generator pricing when quoted does not include fuel; fuel is charged based on usage.

PRIVACY POLICY
All information obtained is for the purpose of providing contracted services relating to this agreement.
STRONCO will not disclose any information to other parties without written consent.
A copy of our Privacy Policy is available upon request. (GST # 89322 1754 RT) 11/16

ALL ORDERS MUST BE FAXED TO 905 281-4702 FOR PROCESSING,
CREDIT CARD INFORMATION MUST BE INCLUDED.
ON-SITE ORDERS WILL NOT BE ACCEPTED OR PROCESSED.

Sub-total _____

13% HST _____

TOTAL AMOUNT _____

Name (Please Print) _____

Cheque Enclosed Visa Master Card American Express Cash

CREDIT CARD NUMBER _____

Credit Card Expiration Date

Month Year

Authorized Signature **X** _____ DATE _____

TOTAL _____