

EXHIBITOR CATERING ORDER FORM

| BUSINESS (COMPANY) INFORMATION | | | | | | |
|---|------------------------|-----------------------|-----------|-------------|------------|--|
| Company Name (Include Booth Name if Different): | | | | | | |
| Billing Address: | | | | | | |
| City, State, Zip Code: | | | | Country | <i>y</i> : | |
| Main Telephone Number: | | | | • | | |
| Main Fax Number: | | | | | | |
| Email Address: | | | | | | |
| SITE (VENUE) INFORMATION | | | | | | |
| | | | | | | |
| Event Name: | | | | | | |
| Booth Number: | | | | | | |
| On-Site Contact Name: | | | | | | |
| On-Site Contact Cell Number: | | | | | | |
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| DELIVERY DATE | DELIVERY TIME/ EI TIME | DESCRIPTION QTY TOTAL | | TOTAL PRICE | | |
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| If you are ordering services that require electrical power, please provide a booth diagram indicating appropriate location for placement. | | | | | | |
| If a diagram is not available, provide a brief description here: | | | | | | |
| For questions regarding utilities services, contact us at accdexhibitorservices@austintexas.gov | | | | | | |
| Prices are exclusive of a 20% service fee and 8.25% applicable sales tax This letter serves as my formal written authorization and approval for you to charge the credit card indicated below for any and all charges related to food services at the Austin Convention Center. Full payment will be applied to the credit card prior to the first scheduled service. All services are provided with a 2 hour timeframe, after which all product & equipment will be removed. Timeframe may be extended with appropriate fees. | | | | | | |
| CREDIT CARD AUTHORIZATION | | | | | | |
| Card Type: Uisa MC AMEX Discover Billing Zip Code: | | | | | | |
| Credit Card Number: | | | Exp Date: | | | |