



TELEPHONE: (236) 422-1440
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LOWER MAINLAND DOG FANCIERS

ELECTRICAL & LIGHTING ORDER FORM

ELECTRICAL SERVICES - POWER	PRICE	PRICE	QUANTITY	AMOUNT
	Discount Rate	Standard Rate		
120 Volt, 1500 Watts (approx. 12 amps)	120.00	156.00		
120 Volt, 1500 Watts (24 hour service)	150.00	195.00		
120 Volt, 2000 Watts (NEMA 5-15 Receptacle)	200.00	260.00		
208 Volt, 15 Amp, Single Phase Service *	220.00	286.00		
208 Volt, 20 Amp, Single Phase Service *	250.00	295.00		
208 Volt, 30 Amp, Single Phase Service *	275.00	357.00		
208 Volt, 60 Amp, Single Phase Service *	On Request	On Request		
208 Volt, 15 Amp, Three Phase Service *	275.00	357.00		
208 Volt, 20 Amp, Three Phase Service *	350.00	450.00		
208 Volt, 30 Amp, Three Phase Service *	450.00	550.00		
208 Volt, 60 Amp, Three Phase Service *	On Request	On Request		
* Denotes Tie-In Service, Additional Labor Charge. 1 Hour Minimum Install. 1/2 Hour Minimum Dismantle.	75.00/HR.	90.00/HR.		

PLEASE PROVIDE YOUR REQUIRED RECEPTACLE INFORMATION

Straight Blade Twist Lock Tie-In

LIGHTING SERVICES				
Double Head Light Unit On Stand - 150 Watts	60.00	78.00		
Triple Head Light Unit On Stand - 150 Watts	70.00	91.00		

**STANDARD RATES WILL BE APPLIED
 TO ALL ORDERS NOT RECEIVED AND
 PAID IN FULL PRIOR TO:
 AUGUST 21, 2018**

SUB-TOTAL

7 % PST

5 % GST

TOTAL

TO RECEIVE DISCOUNT
 PRICES FULL PAYMENT
 MUST ACCOMPANY
 YOUR ORDER AND BE
 NO LATER THAN 4:00 PM
 ON THE DEADLINE DATE
 NOTED BELOW.

ELECTRICITY WILL BE
 TURNED ON WITHIN
 30 MINUTES OF SHOW
 OPENING AND OFF
 WITHIN 30 MINUTES
 AFTER SHOW CLOSING.

THERE IS A MINIMUM
 LABOR CHARGE OF
 1.5 HOURS FOR
 ALL TIE-IN SERVICES
 AND ANY SERVICE
 REQUIRING 208 VOLT
 OR HIGHER SERVICES.

IT IS YOUR RESPONSIBILITY
 TO SUPPLY AN APPROVED
 GFCI PROTECTION DEVICE
 FOR ANY SERVICE PROVIDED
 FOR USE TO A HOT TUB.

COMPLETION OF THIS FORM
 ACKNOWLEDGES YOUR
 UNDERSTANDING AND
 ACCEPTANCE OF
 ATTACHED RULES
 AND REGULATIONS.

ORDERS PROCESSED AND
 CANCELED FOR ANY REASON
 ARE SUBJECT TO 100%
 CANCELLATION FEE.

METHOD OF PAYMENT:

MASTERCARD VISA

CARDHOLDER NAME: _____ EXPIRY DATE: MONTH: _____ YEAR: _____

BILLING ADDRESS: _____ CCV NUMBER: _____

CITY & PROVINCE: _____ PHONE #: _____

COMPANY NAME: _____ FAX #: _____

AUTHORIZED BY (PLEASE PRINT): _____ POSTAL CODE: _____

CARDHOLDER SIGNATURE: _____

HST # 122648157

Entries close Midnight Wednesday August 29, 2018

www.bcdogshowservicesltd.ca

No Fee electronic entries