



# OCEANSIDE KENNEL CLUB

## ELECTRICAL & LIGHTING ORDER FORM

TELEPHONE: (236) 422-1440  
FACSIMILE: (236) 422-1438

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.		

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.

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:  
MARCH 8, 2017**

**SUB-TOTAL**  
**7 % PST**  
**5 % GST**  
**TOTAL**

**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: \_\_\_\_\_