



## VENDOR SERVICES ORDER FORM

**RETURN COMPLETED FORMS:**

Via Email to: [Smallsd@southpointcasino.com](mailto:Smallsd@southpointcasino.com)

Via Fax to: (702) 797-8006

\*confirmation of your order will be sent to the email provided below

Event Name: \_\_\_\_\_

Name: \_\_\_\_\_

Booth / Company: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Show Move in Date(s): \_\_\_\_\_

Show Move out Date: \_\_\_\_\_

Item			@ \$20 per hour-per staff	Total
Utility Porter (hourly)	# of staff:	# of hrs:		
	Date requested:		Time requested:	
Fork Lift and Operator (hourly)	# of hours		@ \$65/hr	
	Date requested:		Time requested:	
Fork Lift (Per load)	# of loads:		@ \$20/ea	
	Date requested:		Time requested:	
8' table (each) (no linen)		@	\$10.00	
Chair (each)		@	\$5.00	
<b>Labor is charged by the hour. Minimum labor charge is 2 hours. Hourly charges will be rounded up to the half hour.</b>				
GRAND TOTAL:				

PAYMENT INFORMATION	
Card Holder Name:	_____
Phone # :	_____
Billing Address:	_____ _____ _____
Credit Card #:	_____
Expiration Date:	_____
CCV # (Back of Card):	_____
<small>I understand that this transaction is non-reversible. I authorize and acknowledge that all of the aforementioned charges (Grand total to the left) will be processed to my credit card.</small>	
Signature:	_____
Date:	_____

**All charges will begin promptly at the time requested, not at time of arrival.**

Additional services are available upon request - please inquire with the show management for further information.

**South Point Arena & Equestrian Center, 9777 Las Vegas Blvd South, Las Vegas NV, 89183**

**PH: (702) 797-8005    FAX: (702) 797-8006**