



# INTERNET CONNECTION ORDER FORM

Rates Effective 9/1/2023 – 8/31/2024

Email Orders to: [Kimberley.Moritz@FloridaStateFair.com](mailto:Kimberley.Moritz@FloridaStateFair.com)

Florida State Fair Authority  
 4800 US Highway 301 North  
 Tampa, Florida 33610  
 Phone (813) 740-4642  
 Fax: (813) 740-4293

## ORDER DEADLINE – 7 DAYS BEFORE ARRIVAL

<b>ORDER INSTRUCTIONS</b>
<b>RESTRICTED LINE</b> For restricted line use, the dialer must dial "9" first, for an outside line.
<b>PAYMENT</b> Payment must be made in full at time of order.
<b>CANCELLATIONS</b> Refunds will not be provided for services installed and not used. See regulations for additional details.
<b>ORDER CONFIRMATION</b> Orders faxed, mailed or emailed without payment will not be guaranteed.
<b>MATERIAL DELIVERY</b> Material requested on this order form will be placed in booth by an IT Team Member. If lines are not present call the Internet Help Line at (813) 951-4531.
<b>TERMS AND CONDITIONS</b> I agree in placing this order that I have accepted FSFA payment policy and the terms and conditions of this contract.

<b>EVENT:</b>		<b>BOOTH#:</b>	
<b>DATES:</b>			
<b>COMPANY:</b>			
<b>CONTACT:</b>			
<b>CELL:</b>			
<b>STREET ADDRESS:</b>			
<b>CITY, STATE, ZIP:</b>			
<b>EMAIL:</b>			
<b>INTERNET</b>			
<b>ITEM</b>	<b>QUANTITY</b>	<b>PRICE EACH</b>	<b>TOTAL</b>
HIGH SPEED INTERNET		\$300.00	\$
WIRELESS Mic		\$100.00	\$
IT SETUP ASSISTANCE PER HOUR		\$75.00	\$
<b>AMOUNT DUE</b>			
<b>INTERNET TOTAL:</b>	\$		
<b>SALES TAX:</b>	<b>INCLUDED IN PRICE</b>		
<b>TOTAL AMOUNT DUE:</b>	\$		

## FAIRFROUNDS STAFF TO COMPLETE BELOW

<b>ORDER DATE:</b>	<b>INSTALL DATE:</b>
<b>ORDER TOTAL:</b>	<b>DISCONNECT DATE:</b>
<b>PHONE NUMBERS ASSIGNED</b>	



# METHOD OF PAYMENT FORM

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PAYMENT TYPE
<p><b>COMPANY CHECK</b></p> <p>Please make check payable to: Florida State Fair Authority. All foreign checks must be drawn from US banks only. Please reference the event and booth number. No checks will be accepted during move-in.</p> <p>Check Number: _____</p>

<p><b>CREDIT CARD</b></p> <p>For your convenience, we will use this authorization to charge any remaining balance on your account prior to the event end. A copy of final charges will be sent to the email address provided on this form.</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX</p>
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<b>EVENT:</b>		<b>BOOTH#:</b>	
<b>COMPANY:</b>			
<b>CONTACT:</b>			
<b>CELL:</b>			
<b>STREET ADDRESS:</b>			
<b>CITY, STATE ZIP</b>			
<b>EMAIL:</b>			
<b>CONTRACT #:</b>			

AMOUNT DUE	
<b>TELEPHONE/INTERNET TOTAL:</b>	\$ _____
<b>SALES TAX:</b>	INCLUDED IN PRICE
<b>TOTAL AMOUNT DUE:</b>	\$ _____

**BY SIGNING AND PLACING THIS ORDER, I ACCEPT ALL PAYMENT POLICIES AND THE TERMS AND CONDITIONS OUTLINED ON ALL FORMS COMPLETED.**

<b>SIGNATURE:</b>	
<b>PRINT NAME:</b>	
<b>DATE SUBMITTED:</b>	

PAYMENT INFORMATION													
<b>CREDIT CARD NUMBER:</b>													
<b>EXPIRATION DATE:</b>													
<b>STREET ADDRESS:</b>													
<b>CITY, STATE ZIP:</b>													
<b>SECURITY CODE:</b>													