REQUISITION FOR TELEPHONE AND INTERNET
FOR INDIANA STATE FAIRGROUNDS EVENTS - 2020

Trade Show Name _____

Start Date of Show _____ Booth No. _____

Exhibitor Name _____

Telephone Number _____

Exhibitor Address _____

City, State, Zip _____

Contact _____

Mail Requests and Payment to:
ERMCO, Inc.
P. O. Box 1507
Indianapolis, IN 46206
Attention: Shannon Darnell
Direct Line: (317) 423-3766
Email: sdarnell@ermco.com

Questions:
Attention: Paul Gaddie
Call: (317) 517-0853
Email: pgaddie@ermco.com

SERVICES NOT LISTED BELOW WILL BE FURNISHED ON A TIME AND MATERIAL BASIS

ITEM		PRICES		
WIRELESS INTERNET - Internet pass good for one device to connect at a time				
4 HOUR PASS (1.5 Mbps)			$6.50	
1 DAY PASS (5 Mbps)			$24.50	
2 DAY PASS (5 Mbps)			$44.00	
3 DAY PASS (5 Mbps)			$58.50	
4 DAY PASS (5 Mbps)			$75.50	
5 DAY PASS (10 Mbps)			$91.50	
7 DAY PASS (10 Mbps)			$109.50	
10 DAY PASS (10 Mbps)			$146.00	
30 DAY PASS (10 Mbps)			$255.00	
Custom Orders			Per Quote	
To order/pay for Wireless Internet, connect onsite to wireless network ermco_isf_wireless and follow instructions.				
	QUANTITY	**ADVANCE**	**FLOOR**	**TOTAL**
HARDLINE INTERNET				
High Speed Internet – One connection 5 MB Shared Service		$700.00	$846.00	
Custom Orders		Per Quote	Per Quote	
TELEPHONE				
Analog Line for Credit Card (each)		$274.00	$468.75	
VOIP Phone (each)		$274.00	$468.75	
Replacement cost is $300/each				
SUBTOTAL				
7% SALES TAX				
TOTAL				

Materials used will remain the property of Indiana State Fair Commission. Exhibitor agrees to pay for material not returned.

For customized data/wireless packages, contact (317) 517-0853 or pgaddie@ermco.com.

LABOR CHARGES PER HOUR (STANDBY OR OTHER NECESSARY WORK)

8:00 AM to 4:30 PM, Monday through Friday	$ 77.50
4:30 PM to 12:00 PM, Monday through Friday	$110.50
All other times	$144.25

NOTE: ADVANCE PRICING IS VALID UP TO 5 BUSINESS DAYS PRIOR TO START OF EVENT. BILLS MUST BE PAID BEFORE THE START OF THE SHOW.

We accept All Major Credit Cards. Payment made out to ERMCO.

VISA/MC or DISCOVER: _____ Expiration Date: _____

Credit Card Zip Code: _____ CVV2 Code: _____

Printed Name: _____ Amount: _____

Customer Signature: _____ **Date Signed:** _____