



# VERIZON TELEPHONE ORDER FORM

If an unrestricted, LONG DISTANCE phone line is needed, then please complete this form.

**VERIZON ORDERS MUST BE RECEIVED AT LEAST 14 DAYS PRIOR TO 1<sup>ST</sup> MOVE-IN DAY.**

\* Installation date requires a minimum of ten (10) business days.

FAX TO: (813) 740-3504 or MAIL TO: P. O. BOX 11766, TAMPA, FL 33680, ATTN-SALES DEPT.

## SECTION 1: VERIZON'S Mandatory Information *(Customer fills out this section)*

Name of Show or Event		
Chief Officer or Owner's Name		
Type or Line of Business		
Corporation or Business Name		
Street or Billing Address		
City, State, Zip		
Phone Number and Fax Number		Fax#
1. Corporate Federal Tax ID#	1. Tax ID#	_____
2. State of Incorporation	2. State	_____
3. Date/Year of Incorporation	3. Date	_____
4. Chief Officer/Owner's Name	4. Name	_____
5. Owner's Date of Birth, Soc.Sec.#	5. DOB	_____ S.S.# _____
Authorized Contact Person on-site		
Event Location (Building / Booth #)		
Dates Service Needs to Start & End		
<b>LESSEE ASSUMES ALL LONG DISTANCE CARRIER CHARGES</b>		<b>YES or NO</b>
Do you need Long Distance? Specify Carrier. _____		
Do your Lines Need To Be Rotary (HUNT)? (If you have multiple lines, call rings to next available line)		<b>YES or NO</b>

**FAIRGROUNDS ESTIMATED RATES FROM JULY 1, 2008 – JUNE 30, 2009.**

**FSFA Installation Fee:** 1<sup>ST</sup> Phone Line \$125.00, Additional Lines: \$25 each ( \_\_\_\_\_ ) Total # of Phone Lines requested  
 Rental Phone Equipment: \$15.00 each (limited quantity) ( \_\_\_\_\_ ) # of Phone Equipment requested



**PAYMENT METHOD: CASH / CHECK / AMEX / DISCOVER / MASTER CARD / VISA**

**INSTALLATION CHARGES PAYABLE TO: FLORIDA STATE FAIR AUTHORITY**

**Payment for installation fee must be received with the completed application.**

*A completed Fairgrounds Credit Card Authorization Form must be included with the order form to process by credit card.*

## SECTION 2 (Completed By Fairgrounds or Verizon Staff Member for Order Processing)

ORDER DATE:	INSTALLATION DATE :
ORDER TOTAL \$	DISCONNECT DATE :
<b>PHONE NUMBER(S) ASSIGNED AND INSTALL ORDER NUMBER:</b>	

( ) Copy to Phone Dept    ( ) Copy to Accounting    Payment Received on: \_\_\_\_\_

