



Complete the information below and fax or mail to:

Hinckley Springs

6055 S. Harlem, Chicago, IL 60638

ATTN: Special Events

Phone: 773-586-8600 x 237

Fax: 773-586-6314

or visit our website at www.hinckleyspringsevents.com

Deadline date: _____

Event: _____

Event Dates: _____

Equipment Rental*	Quantity	Price	Tax	Total Dollars
Cold Only Water Cooler(s)		\$ 75.00	\$ 4.50	\$.
Hot & Cold Cooler(s)		\$ 90.00	\$ 5.40	\$.
Hot & Cold w/Refrigerated Compartment		\$ 150.00	\$ 9.00	\$.
Microwave(s)		\$ 95.00	\$ 5.70	\$.
Refrigerator(s)		\$ 95.00	\$ 5.70	\$.

Refrigerator Capacity: 3.7 Cubic ft., Floor Space: 35"H x 21"D x 19"W, Electricity Required: 110 outlet, Amps: 2.0.

*Does not include bottles of water – equipment type and color may vary.

Water**	Quantity	Price	Tax	Total Dollars
3-Gallon Drinking Water		\$ 7.50	\$.08	\$.
5-Gallon <input type="checkbox"/> Drinking <input type="checkbox"/> Distilled		\$ 10.00	\$.10	\$.
5-Gallon Premium Spring Water		\$ 16.00	\$.16	\$.
6 1-Gallon Bottle Case of Drinking Water		\$ 11.00	\$.11	\$.

**Additional types/sizes available upon request; bottle deposits not included.

Cups	Quantity	Price	Tax	Total Dollars
Cone-Shaped Cold Cups (5.0 oz) 1,000 per package		\$ 20.00	\$ 1.75	\$.
Flat-Bottom Cold Cups (9.0 oz) 500 per package		\$ 20.00	\$ 1.75	\$.
Styrofoam Hot Cups (8.0 oz) 500 per package		\$ 20.00	\$ 1.75	\$.
			Total	\$.

Prepay with your check or major credit card

Firm Name _____ Booth# _____

Contact on Site _____ Ordered by: _____

Address _____

City/State/Zip _____

Business Phone () _____ Business Fax () _____

MC, Visa, Discover or American Express # _____

Cardholder's Name _____ Expiration Date: _____

Signature _____

- I understand/agree to the following:
1. I must provide a 110 volt A/C electrical outlet.
 2. I assume full responsibility for damage or loss of equipment other than that resulting for normal use.
 3. Ordering Deadline: Orders received after stated deadline will result in an additional \$25.00 rush charge.
 4. Cancellation Policy: A charge of 50% of the original price will be incurred if cancellation occurs after contract receipt. A charge of 100% of the original price will be incurred if cancellation occurs after equipment is installed.

Company Authorized Signature: _____ Date: _____

FOR OFFICE USE ONLY									
Date Received	By	Credit	Account #				Billed		

