

**INTERNET & DATA SERVICES ORDER FORM**

**E-MAIL OR FAX FORMS WITH PAYMENT TO:**

MGM Grand Production Services  
 3799 Las Vegas Blvd S, Las Vegas NV 89109  
 Phone: 702-891-1152 Fax: 702-891-1007  
 Email: JThompson@lv.mgmgrand.com



Event Name:			<b>Location</b>
Event Dates:			
Company Name:			
Street Address:	City:	State:	Zip:
Ordered By (Signature):	Print Name:	Phone:	Fax:
Print Name:			
On-Site Contact Name:		On-Site Contact Number:	

**WIRELESS**

Service	Rate	Qty	Total	Start Date	End Date		
1 User	\$99.99		<b>\$0.00</b>				

**Internet via Category 5 Cable**

Service Description	Advanced Rate	Install Date & Time	Qty	Total
One line to connect one computer	\$230			<b>\$0</b>
Additional IP address	\$125			<b>\$0</b>
Dedicated VLAN 5mb Internet Service (includes one line)	\$1,950			<b>\$0</b>
Additional Line off of VLAN	\$125			<b>\$0</b>
1 mbps increase in bandwidth	\$187.50			<b>\$0</b>
Floor Work/Line Relocate	\$175			<b>\$0</b>

**Rental**

Equipment Description	Advanced Rate	Install Date & Time	Qty	Total
25 foot patch cable	\$25			<b>\$0</b>
50 foot patch cable	\$50			<b>\$0</b>
8 port hub	\$100			<b>\$0</b>
24 port hub	\$200			<b>\$0</b>

Signature: \_\_\_\_\_

**TOTAL: \_\_\_\_\_ \$0**

By signing and returning this form, customer agrees to all terms and conditions printed on this form and related documents.



**CREDIT CARD AUTHORIZATION FORM**

Today's Date: \_\_\_\_\_

Please return to: **MGM Grand Production Department** - 702-891-1150  
4701 Koval Lane, Las Vegas, NV. 89109 - Fax: 702-891-1007

I hereby request the charges outlined below to be charged to my credit card:

Entertainment and/or Audio Visual costs incurred as noted below:

Items:	Amount:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total</b>	\$ _____

For Booking Post As: \_\_\_\_\_

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

Credit Card Statement Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

I authorize and acknowledge that all of the aforementioned charges will be processed to my credit card by the *MGM Grand* and/or *The Signature at MGM Grand* for the above-mentioned persons/items. (Advisory: Debit Card users only, this authorization amount may affect your checking account until settlement of transaction.) Payment Card Industry regulations prohibit merchants from requiring or making photocopies of your credit / debit cards.

**Cardholder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Use Only			
<b>AVS:</b>	<b>Date:</b>	<b>Supervisor:</b>	

\*Last(4)Digit of Credit Card: \_\_\_\_\_ \*Expiration Date: \_\_\_\_\_



**\*FULL CREDIT CARD NUMBER:**

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**\*EXPIRATION DATE:**

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**\*REQUIRED FIELDS**