



**CHICAGO  
PORTABLE  
POWER**

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### CONTACT INFO

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

PHONE NUMBERS:

OFFICE: \_\_\_\_\_

CELL: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### EVENT INFO

NAME OF EVENT: \_\_\_\_\_

DROP OFF DATE : \_\_\_\_\_ time: \_\_\_\_\_

PICK UP DATE : \_\_\_\_\_ time: \_\_\_\_\_

EVENT ADDRESS: \_\_\_\_\_

RENTAL DAYS: \_\_\_\_\_ RENTAL HOURS: \_\_\_\_\_

### EQUIPMENT

GENERATOR SIZE: \_\_\_\_\_

CABLE: \_\_\_\_\_

DISTRIBUTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EXTRA EQUIPMENT: \_\_\_\_\_

\_\_\_\_\_

ORDER TAKEN BY: \_\_\_\_\_

ORDER APPROVED BY: \_\_\_\_\_