



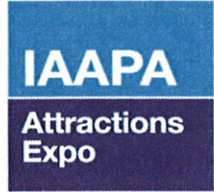
**Marshall Robinson  
& Associates, Inc.**

**MARSHALL ROBINSON & ASSOCIATES, INC.**

P.O. Box 206 Naples, TX 75568  
(903) 897-2091 FAX: (972) 692-7970

E-MAIL: info@mr-assoc.com

[www.mr-assoc.com](http://www.mr-assoc.com)



**Special Mobility Cart Order Form**  
**IAAPA ATTRACTIONS EXPO 2011**  
**November 15 - 18, 2011**  
**Orlando, FL**



**DAILY RATES**

**\$75.00 per day for orders placed thru 10/17/2011**  
\$80.00 per day for order placed after 10/17/2011



**PAYMENT POLICY:** Payment in full must accompany this order form. Marshall Robinson & Associates, Inc. accepts **CHECKS, VISA, MASTERCARD, DISCOVER, & AMERICAN EXPRESS**. There will be a 5% convenience fee for non cash orders. **Cancellations require a 6-day advance notice in order to receive any refund of amounts already rendered.**

**Please Print**

Name: \_\_\_\_\_ Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_

**PLEASE TYPE OR PRINT ALL INFORMATION**

Pick Up Day/Date				Return Day/Date	Total Days

<b>CLIENT SIGNATURE:</b>	(TOTAL DAYS) (x RATE) = (TOTAL DOLLARS)
A copy of your Drivers License will be required to pickup on site .	X =
	<b>SUB TOTAL =</b>
	Sub Total Dollars x 5% handling fee: =
<b>Located in Room S210A</b>	<b>TOTAL AMOUNT DUE: \$</b>

Company: \_\_\_\_\_

Bill To: \_\_\_\_\_

Street Address: \_\_\_\_\_ Attention: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_