

FURNITURE ORDERS - FORM 8

- SHOW NAME:
- SHOW DATE:
- VENUE:



Official Contractor: Exhibit Systems Pty Ltd PO Box 801 Freshwater NSW 2096 ABN 78 091 935 116

Account Manager: Email: Ph: +61 2 9982 5511 Fax: +61 2 9982 9899

ALL FORMS TO BE EMAILED TO showforms@exhibitsystems.com.au NO LATER THAN:

<p>FULL COMPANY NAME <input type="text"/></p> <hr/> <p>ABN <input type="text"/></p> <p>CONTACT NAME <input type="text"/></p> <hr/> <p>PHONE NUMBER <input type="text"/></p> <p>MOBILE <input type="text"/></p>	<p>INVOICE ADDRESS <input type="text"/></p> <hr/> <p>COUNTRY <input type="text"/></p> <p>EMAIL <input type="text"/></p> <p>DATE <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>STAND No <input type="text"/></p>
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Rates shown are for the duration of the the exhibition **OR** for a maximum of **7** days (AV per catalogue prices / duration listed)

CODE	ITEM	COLOUR	QUANTITY	RATE	TOTAL

<p>PLEASE NOTIFY OUR STAFF ONSITE OF ANY DISPARITY TO YOUR ORDER</p>	<p>SUB-TOTAL</p> <p>DAMAGE WAIVER (compulsory) 7% SUB-TOTAL</p> <p>CARTAGE FEE (compulsory) 20% SUB - TOTAL (min \$50)</p>
ALL ORDERS PLACED AFTER:	WILL INCUR A COMPULSORY LATE FEE OF \$60.00
<p>NO CLAIMS WILL BE RECOGNISED AFTER THE EVENT.</p>	<p>TOTAL</p> <p>10% GST</p> <p>FINAL TOTAL INCLUDING GST</p>

TERMS OF PAYMENT: A tax invoice will be issued on receipt of order. Full payment must be recieved prior to installation.

CREDIT CARD PAYMENTS: Please complete the details below. **EFT PAYMENTS:** Please pay on receipt of tax invoice.

- VISA - MASTERCARD - AMEX

CARD NAME

CREDIT CARD No **EXPIRY DATE** **CSV**

SIGNED

ORDER NOT VALID UNLESS SIGNED BY HIRER (AUTHORISED AGENT/CARD HOLDER)

CREDIT CARD ORDERS WILL INCUR A 1.8% SURCHARGE