



GRAPHIC UPGRADE ORDER FORM

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:

FULL COMPANY NAME		INVOICE ADDRESS	
ABN	<input type="text"/>		
CONTACT NAME		COUNTRY	
PHONE NUMBER		EMAIL	
MOBILE		DATE	<input type="text"/>
		STAND No	<input type="text"/>

This form will become a Tax Invoice once payment is made.

OPTION	ITEM	SIZE	QUANTITY	PRICE	TOTAL
A	3m x 2.4m FABframe x 1 WALL	3m x 3m STAND			
B	3m x 2.4m FABframe x 2 WALLS	3m x 3m STAND			
C	3m x 2.4m FABframe x 3 WALLS	3m x 3m STAND			
D	6m x 2.4m FABframe	6m x 3m STAND			
E	9m x 2.4m FABframe	9m x 3m STAND			
F	3m x 2.4m FABframe (SKIN ONLY)				
G	6m x 2.4m FABframe (SKIN ONLY)				
H	9m x 2.4m FABframe (SKIN ONLY)				
I	Existing FABframe Installation				
				SUB-TOTAL	

ALL ORDERS PLACED AFTER: WILL INCUR A COMPULSORY LATE FEE 20% of SUBTOTAL

<p>ACCEPTANCE</p> <p>I have read and agree to all terms and conditions as listed on the back of this form:</p> <p>Signed:.....</p> <p><small>Order not valid unless signed</small></p>	<p>TOTAL</p> <p>10% GST</p> <hr/> <p>FINAL TOTAL INCLUDING GST</p> <p><small>PLEASE NOTIFY OUR STAFF ONSITE OF ANY DISPARITY TO YOUR ORDER NO CLAIMS WILL BE RECOGNISED AFTER THE EVENT.</small></p>
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TERMS OF PAYMENT: A tax invoice will be issued on receipt of order. Full payment must be received 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

EXHIBIT SYSTEMS PTY LTD'S PRIVACY POLICY CAN BE FOUND AT WWW.EXHIBITSYSTEMS.COM.AU