



ORDER FORM

LIFTING - STORAGE - FREIGHT



Please indicate the services below which you require from the official Freight and Lifting Contractor

- | | | | |
|----|---|--|----------------------|
| 1) | Receive goods into warehouse before / after show | Date of arrival | <input type="text"/> |
| 2) | Unloading from vehicle direct to stand | Date and time of arrival | <input type="text"/> |
| 3) | Reloading to vehicle direct from stand | Date and time of collection | <input type="text"/> |
| 4) | Removal, storage and redelivery of empty cases | | <input type="text"/> |
| 5) | Storage of full goods / products with supply and access during show | | <input type="text"/> |
| 6) | Labour for help on stand (i.e help in unpacking / repacking) Unskilled | | <input type="text"/> |
| 7) | International and Domestic transportation from your location to venue and return via | AIR <input type="text"/> Courier <input type="text"/> ROAD | <input type="text"/> |
| 8) | Customs Clearance formalities for Export & Import | Value for Customs Purposes | <input type="text"/> |
| 9) | Symposium deliveries / storage / preparation / timed delivery within venue | | <input type="text"/> |

Description of Exhibits / Cases - Please indicate the Length - Width - Height and Weight of each item:

THERE ARE NO CREDIT FACILITIES AVAILABLE

I hereby authorise you to debit my credit card for the full amount:

| | | | |
|-------------------------|------------------------------|--------------------------------------|----------------------|
| Mastercard / Visa | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Expiry Date | <input type="text"/> | Security number (last 3 digits only) | <input type="text"/> |
| Card Holder's Name..... | Card Holder's Signature..... | | |
| Address..... | | | |

PLEASE COMPLETE YOUR DETAILS BELOW

| | | | |
|----------------------|--------------------------------|-----------------------------|--|
| Exhibitors Name..... | | | |
| Hall | Stand No..... | Date Required on stand..... | |
| Address | | | |
| Postcode..... | Contact on stand..... | | |
| Email | Telephone..... | | |
| VAT No: | Mobile of person on stand..... | | |

Please complete and return to: Email : sean@dhl-exh.com

Telephone : + 44 (0) 121 782 4626 Fax : + 44 (0) 121 782 4680

www.dhl-exh.com

Deadline for return of order form: 9th November 2018

All our business is transacted under B.I.F.A conditions that may exclude or limit our liability in certain circumstances.



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