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## **Contract for Cabinet Hire**

Trading As Name: Company Contact:		Contact's Phone Number:	
			_
GOODS REQUIRED			
Items Required: 1	Quantity:	Price:	
2	Quantity:	Price:	
3	Quantity:	Price:	
4	Quantity:	Price:	
5	Quantity:	Price:	
BONI	):	\$	
DELI	/ERY:	\$	
TOTA	ıL:	\$	
Delivery Address for Go	oods:		_
		Stand Number:	_
Event Name:			_
Date/s of Event:	Other Instruc	ctions:	_
Drop-off Date:	Pickup Date:	Invoice Number:	
<ol> <li>Indicate overlea</li> <li>Goods remain t</li> <li>I agree that dar</li> <li>Confirmation is delivery.</li> <li>Send signed for</li> </ol>	If the layout of the stand and placement of the hi he property of Showcases Direct until fully paid for nage to goods or goods not returned will be char	or. ged for from the bond paid. t, and full payment. Full payment must be received prior to	

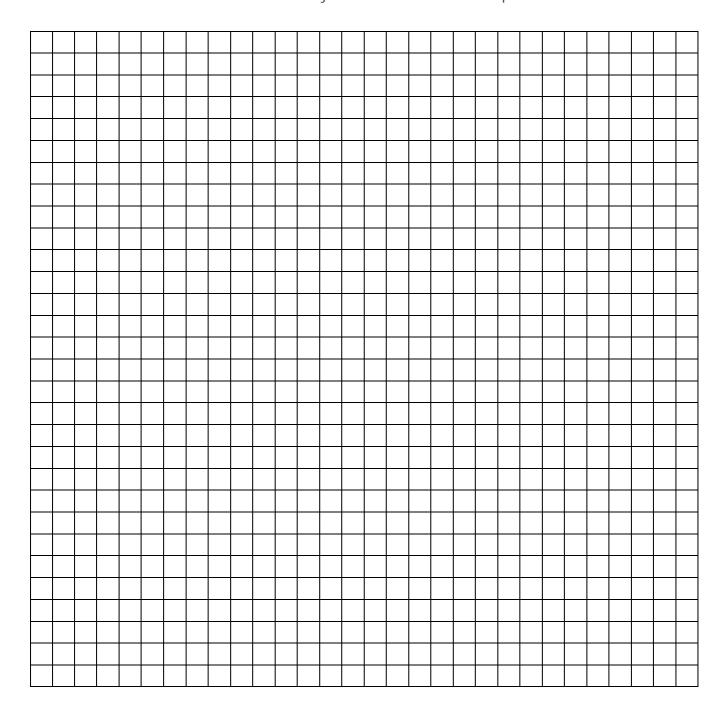
Date: \_\_

\_\_\_\_\_ Position: \_

## Stand Layout

Stand / Company Name:	_
Stand Number:	
Stand Size:	

Please indicate where you want the hire furniture placed.



FRONT OF STAND