

STAND UPGRADE ORDER FORM

YOU SAVE!



WHAT YOU WILL PAY IF YOU ORDER DIRECT

	Sub-Total (GST excl)	GST	TOTAL
STYLER 3x3 Inline including White Raised Floor	\$4,460.00	\$446.00	\$4,906.00
ILLUMINATOR 6x3 Inline including White Raised Floor	\$9,270.00	\$927.00	\$10,197.00
NETWORKER 6x6 Island including White Raised Floor	\$9,010.00	\$901.00	\$9,911.00
CENTRALISERS 6x3 Peninsula including White Raised Floor	\$6,650.00	\$665.00	\$7,315.00

WHAT YOU WILL PAY IF YOU ORDER THROUGH VISUAL IMPACT

	TOTAL
<input type="checkbox"/> STYLER 3x3 Inline including White Raised Floor	\$4,200 (+ GST)
<input type="checkbox"/> ILLUMINATOR 6x3 Inline including White Raised Floor	\$8,600 (+ GST)
<input type="checkbox"/> NETWORKER 6x6 Island including White Raised Floor	\$8,400 (+ GST)
<input type="checkbox"/> CENTRALISERS 6x3 Peninsula including White Raised Floor	\$6,000 (+ GST)

ORDER DEADLINE: 19 AUGUST 2016

DESCRIPTION	QTY	UNIT \$	TOTAL
HIRE CHARGE TOTAL			
Add 10% GST			
TOTAL			

IMPORTANT INFORMATION - PLEASE READ - TERMS OF PAYMENT & HIRE CONDITIONS

- All orders are subject to stock availability.
- Terms of Payment - Orders cannot be confirmed until all hire and other charges have been paid in full.
- No alterations to the above options can be made.
- Late orders may be charged an additional late order fee.
- Late orders placed during move in will be charged an additional late order fee.

ACKNOWLEDGEMENT OF TERMS & CONDITIONS:

I hereby confirm acceptance of the terms and conditions of hire set out in the attachments to this order form and above.
ORDER MUST BE SIGNED AND DATED BY HIRER.

Signed: _____ Date: _____

CONTACT DETAILS

Company Name _____ Stand Number _____
 Address _____
 Suburb _____ State _____ Postcode _____
 Email _____
 Telephone _____ Mobile _____ Fax _____
 Onsite Contact Person _____

PAYMENT OPTIONS

- Cheque Option:** Please make cheques payable to **Visual Connections Australia Ltd**
- Direct Debit Option:** **Visual Connections Australia Ltd**, Commonwealth Bank BSB 062-166 Account 1042 7514
- Credit Card Option:** Please debit my Visa (2% surcharge) Mastercard (2% surcharge)



Card Number: _____ Expiry Date: _____ Amount AUD\$: _____
 Cardholder Name: _____ Signed: _____

FAX 02 9869 0554	TELEPHONE 02 9868 1577	EMAIL exhibitions@ visualconnections.org.au	POST PO Box 3723 Marsfield NSW 2122
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