**DELIVER TO:** 



**CUSTOMER DETAILS:** 

## **Metro Display**

Tel: 02-8625 5579 Fax:02-8625 5636 Unit 21 / 14-16 Stanton Road Seven Hills NSW 2147

## **Service Booking Form**

Company Name:					Onsite Contact:			
Billing Address:				Street A	ddress:			
Contact:					Mobile:			
Phone: Fax:				Delivery Date:				
Email:				Pickup Date:				
*For trade sho	ow custo	mers on	ly	1				
*EVENT NAME		*LOCATION		*HALL NO.	*STAND NO.		*DATES	
QTY ITI		EM		DESCRIPTION	DESCRIPTION		TOTAL	
SUBTOTAL								
(TO BE FILLED BY METRO DISPLAY) DELIVERY&SETUP								
GST OTHER								
						TOTAL		
Special Re	equire	ments	<b>;</b> :					
-	-			*I understand that M order even a deposit	letro Display reserve t has been paid in ac	e the rights to chang ccordance to this or	ge or cancel the der form.	
				Client S	Signature _			
				Print Na	ame			
				Date				
Please	ereturn	filled f	orm by faxing	to 02-8625 5636 or e	mail to sales@ı	metrodisplay.c	om.au	