concept furniture international ltd

Please cross appropriate box **Order** ☐ **Quote** ☐ **Enquiry** ☐

INTERNAL USE ONLY

AOS: Onsite No. DFW:

Quote Ref: Job No.

Company Name:

A/C | Originated by:

Company Address:

Invoice Address:
If different from above

Tel: | Fax: | P/O No:

Show Name:

Venue:

Hall: Stand:

Stand Name: Show Date:

Private Hire Delivery address:

Delivery Date: Time:

Collection Date: Time:

Onsite Contact:

Onsite Mobile No:

Qty	Code	Description Please give details - colour, sizes etc.	Unit Price	Disc Price	Total Price
1	TRAN	**Transport Charge** (If Applicable)			
		Sub Total £			
		+ VAT £			
		TOTAL £			

Additional Information/Narratives:

Signed: Print Name: Date:

Credit Card payment details:

Please note - a 2.5% surcharge will be added for payment by AMEX & 1% for all other credit cards.

Credit Card No. ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Start Date ☐☐☐☐ Expiry Date ☐☐☐☐ SEC (Last 3 digits) ☐☐☐

Card Holders Name Card Type Issue No.

Please sign, complete and fax or email back to turn this into an order

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