# concept furniture international ltd

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

**INTERNAL USE ONLY**

AOS: | Onsite No. | DFW:

Quote Ref: **IAINLOVE** | 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<br>Please give details - colour, sizes etc. | Unit Price | Disc Price | Total Price |
|---|---|---|---|---|---|
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| | | | | | |
| 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**

**Fax: + 44 (0) 1299 254091 Email: enquiries@conceptfurniture.co.uk**

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