IMATS LONDON 17th - 19th MAY 2019 OLYMPIA NATIONAL HALL, LONDON

Index Use	
E.C.	
ВОМРАС	
PAYMENT	

FURNITURE ORDER FORM

Stand No. Deadline Date - Thursda			sday 18th	ay 18th April	
A	dditional it	ems are ava	nilable to order online - www.lı	ndexGroupfurn	ture.org
Qty	Reference	Colour	Description	Price	Total
www.IndexGroupfurniture.org				Sub Total	
Company Name:				Vat 20%	
Address:			Total		
Postcode:					
Telephone: Name:					
EU VAT	No:				
Email:					

Please return this form to the address below with full payment by the above deadline date. Orders received less than 14 days prior to the event will incur a 15% surcharge.

Please state colour preference where applicable

You must insure against loss or damage 5 times the hire cost.

Payment is due 14 days prior to delivery

No goods will be supplied unless full payment is received

Please return to:

INDEX GROUP LTD

Europa House, Meaford Way, London, SE20 8RA Telephone: 0800 085 9885 Facsimile: 03454 303016

E-mail: furniture@indexgroup.org



Payment & Credit Card Charge Authorisation Exhibition Name: Stand Number: Company Name: Address: Postcode: Telephone: Facsimile: Contact Name: EU VAT Number (if applicable): Email: PO Number: **CREDIT CARD CHARGE AUTHORISATION PAYMENT POLICY** All information must be provided. Your order will not be Payment for services— Index Group Ltd requires processed if any information is missing. payment in full at the time services are ordered. Please note that there is a surcharge for credit card Method of payment— Index Group Ltd accepts all major transactions. credit / debit cards, cheques and bank transfers. Purchase orders are not considered Please ensure this form is returned with all orders. payment. We require your payment authorisation to be **Debit Card** completed and returned even if you are paying by **Credit Card** cheque or bank transfer. You do not need to American Express complete your card details unless you wish to pay by this method. Please tick the box below to Card Number: indicate your preferred method of payment. Expiry Date: ___/__ Security Code (Last 3 digits on signature strip) _____ Cheque Start Date (if shown): ____/___ **Bank Transfer** Issue Number (if shown): Credit/debit card Full payment must be received prior to the build up of Cardholders Name: Cardholders billing address (If different to above): the show. Cancellations/Refunds— Please note that refunds will not be made on cancellation of any non stock items. Any item ordered prior to and transported to the event is not eligible for a refund. **Bank Transfer & Cheque Payment Information:** Bank details will be provided on your invoice for BACS _____ Post Code:_____ Please include your invoice number in your payment reference. Cardholders Signature:_____ Date:___/____ Please make all cheques payable to—Index Group Ltd Please note this form will be destroyed once payment has been processed/received. I agree in placing this order that I have accepted the Terms & Conditions of the Index Group Ltd: Signed:_ If you have any questions relating to any of the Print Name: information on this form please contact us on: Date: ____/___/ 0800 085 9885

Please return this form and completed order form to corresponding email/postal address which can be found on the bottom of the relevant order form.

