



Please send to:

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# 24 HOURS ELECTRICITY REQUEST

FORM

# 4

Exhibition:	Tel:
Company name:	Fax:
Contact Person:	
Address:	
E - mail:	

Please mark the list if you wish to order the following:

PLEASE MARK (x)	DESCRIPTION	CAT. #	PRICE/ UNIT IN \$US	PRICE/ UNIT IN € EURO	NO. OF UNITS	TOTAL
	24 hours electricity	507	165 \$	138 €		
				TOTAL		
				VAT RATE 17%		
				GRAND TOTAL		

Signature: X \_\_\_\_\_