PAYMENT FORM



Please complete this form and return to PERTH EXPO along with your order forms

CONTACT DETAILS

Company				Event Name				
Contact				Stand Name Stand No.				
Address				Order No.		Date	/	/
State Postcode				Project Manager				
Phone Fax				Orders cannot be delivered until all hire and other charges have been paid in full.				
Email				No responsibility is accep been made in advance o				nent has not
ORDER FOR	M DESCRIPTION	ON			TOTA	L COST		
Fascia Sign Order F	orm							
Electrical Order Form	n							
Flooring Order Form	1							
Walling Order Form								
Furniture Order Forn	n							
				Sub Total ex				
				+109 Total AUD ind	%GST \$			
 Direct Bank Depo 	nent - Complete detail osit - See below for ou forward full amount to	r account details	tment					
	edit card the amount \$	}		Invoice	No.			
MasterCard		Visa		AMEX				Invoice
Name on Card	Signature							
Card No.						Exp	oiry	/
	PAYMENTS MADE VIA CRE		ectly into our bank	k account.				
Bank	Commonwealth	Bank		BSB	066000			
Branch	Perth CBD			Account Number	11896358			
Account Name	Perth Expohire a	nd Furniture Group		Swift Code	CTBAAU2S			

PLEASE ENSURE A REMITTANCE IS FAXED, POSTED OR EMAILED LISTING ALL INVOICES BEING PAID.

Return fax or email remittance to

T: +61 8 9475 2022

accounts@perthexpo.com.au F: +61 8 9478 3165