

ORDER TOTALS

ORDER CONFIRMATION

Order is not confirmed until confirmation number is sent back by Razor Exhibits.

DELIVERY

Delivery rate is \$350 for all rentals up to \$1800. Rentals more than \$1800 must be quoted on a per-order basis. Onsite orders that require delivery from off site will be subject to an additional delivery charge.

INSTALLATION

A representative from your company must be on hand to sign for equipment. Repeat deliveries and/or pick-ups are subject to an additional charge. Labor charges listed include initial delivery, installation, on-site service, and pick-up at your booth.

PAYMENT

Razor Exhibits requires payment in full at the time your order is placed. Payment includes, but is not limited to, equipment, rental, delivery, and tax.

CREDIT CARD

For your convenience, we will use this authorization to charge your credit card for your advance orders and any additional fees incurred as a result of on-site orders placed by your representative(s). These fees include any services provided by Razor Exhibits or charges we incur on your behalf. Credit cards will be charged through our service partner, NMR Inc.

CANCELLATION

Cancellation of rental equipment and services must be made 48 hours prior to delivery. No refunds will be made for any cancellations made less than 48 hours prior to delivery.

UNION HANDLING AND SET UP FEE (IF APPLICABLE)

Union fees will be based on local union jurisdiction and current rates. Deliver and pickup times will also determine whether you are charged Straight Time, Overtime or Double Time. Calculated rate will be sent back with your confirmation. PLEASE NOTE: In venues where union participation is necessary, delivery and pickup times may vary depending on availability of laborers.

SHOW CODE		WS-19
Equipment		
Minimum Delivery Charge		350.00
Installation and Dismantle (20% of equipment total)		
Subtotal		
CA 8%	Sales Tax	
GRAND TOTAL		

SEND ORDER TO:
Razor Exhibits
6135 Martins Landing Ct
Burke, VA 22015

Or fax to: 800-908-8234
(ONLY CREDIT CARD ORDERS MAY BE PLACED BY FAX.)

EXHIBITOR INFORMATION

Company Name _____

Booth # : _____ Booth Location: _____

Ordered by: _____ Phone: _____

Set Up Date: ___/___/___ Set Up Time Range: ___:___ AM PM thru ___:___ AM PM

Pick Up Date: ___/___/___ Pick Up Time Range: ___:___ AM PM thru ___:___ AM PM

Onsite Contact Name: _____ Cell #: _____

Address: _____

City: _____ State: _____ Zip: _____

Authorized Signature: _____

PAYMENT INFORMATION

Company Name _____

Credit Card Number: _____ Exp. Date: ___/___/___

Name on Card: _____ CVC: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Authorized Signature: _____

Email Address: _____

