



WoHIT 2015 MAY 13 – 15, 2015

ORDER FORM

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COMPANY NAME: _____ STAND No.: _____

ADDRESS: _____

TELEPHONE: _____ VAT NUMBER: _____

STAND REPRESENTATIVE: _____

MOBILE: _____

E-MAIL: _____

Table with 4 columns: QUANTITY, DESCRIPTION, L x W x H (METRIC), WEIGHT (KILOGRAMMES)

WE WILL REQUIRE THE FOLLOWING SERVICES:

PLEASE DELETE WHERE APPROPRIATE*

- TRANSPORT FROM PLACE / POSTCODE: _____ UP TO EXHIBITION BY AIR / ROAD / SEA*
RETURN TRANSPORT FROM EXHIBITION: _____ TO PLACE/POSTCODE
CUSTOMS CLEARANCE UNPACKING / REPACKING
STORAGE OF EMPTIES INCL. COLLECTION AND RE-DELIVERY AFTER SHOW CLOSURE
FORKLIFT TO OFFLOAD Date: _____ Time: _____ FORKLIFT TO RELOAD Date: _____ Time: _____
WORKER TO ERECT / DISMANTLE EXHIBITS Date: _____ Time: _____

All business is undertaken in accordance with our Conditions of Trade, copies of which are available upon request.

