

SHOW NAME
 LOCATION
 DATE

Labor Order Form			
Company:			Booth:
Contact:			
Address:			
City:	State:	Zip:	
Phone:	Fax:		

Please indicate Services Required:

	Installation		Dismantle
	Load		Unload
	Weight		
	Forklift Service (no charge if utilizing material handling services)		

* For installation or dismantling, booth diagram and / or client supervision is required.

Approx. Time	Rate	Est. Total
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_____ x _____ = _____
 * Labor / Forklift rate is \$XX.xx per half hour w/ 1 hour minimum

CREDIT CARD REQUIRED : (Visa / Mastercard / AMEX / Discover)

	Expiration Date	CVV Code
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Billing Address:	City / State:	Zip:
Name:	Signature:	