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SERVICE ORDER FORM - EQUIPMENT

Please complete this form and forward it to: logistics@rxl.es

Event name:				Exhibiting company:				
Standfitting company (when applicable):				Hall and Stand number :				
Contact person & Cell Pho	one no. on stand:		•					
OOKING FOR EQUIPMENT	(1 equipment pe	r line):						
Equipment	Start date	Start time	Finish dat	e Finish time	Eq	uipment purpose	Loading meters (LDM) to be unloaded*	
*LDM: Meters in length oc	auniad on truck I	Loight 9 wid	th are not so	nsidorod				
Comments:	capica on track.	neight & wid	tir are not co	insidered.				
Payment process: RESA wirealization of our first services.	ent not covered by i e of full goods dui T: Ill send you an est	insurance ring the even	nt? ts in conform	Vo			ox.) be made before the	
Company Name (billing pa	arty):							
Address:						,		
City: Zip Code:			:	Country:				
EORI (European companies) /Tax ID No. (non- EU companies)						Tel:		
METHOD OF PAYMENT: Credit Card (automatically	charged before tl	he realizatior	n of our first s	ervice)				
Card type:								
Card number:						Expiry date:		
Cardholder name:								
I accept Resa's terms and	ne:							