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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 | ne no. on stand: | | | | | | | |
| | | | | | | | | |
| BOOKING FOR EQUIPMENT | (1 equipment per | r line): | | | | | | |
| Equipment | Start date Start time Fi | | Finish | ish date Finish time | | | uipment purpose | Loading meters (LDM) to be unloaded* |
| | | | | | | | | |
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| | | | | | | | | |
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| | | | | | | | | |
| *LDM: Meters in length occ | cupied on truck. I | Height & width | n are not | t consid | lered. | | | |
| Comments: | | | | | | | | |
| Do you require storage * Empty boxes only. Conter Do you require storage | nt not covered by i | nsurance | | | | lume: lume: | Cbm (appr | |
| INVOICING AND PAYMENT Payment process: RESA wil realization of our first servi dismantling. | l send you an est | | | | | | | |
| Company Name (billing pa | rty): | | | | | | | |
| Address: | | | | | | | | |
| City: Zip Code: | | | | | | | Country: | |
| EORI (European companies) /Tax ID No. (non- EU companies) | | | | | | | Tel: | |
| METHOD OF PAYMENT: Credit Card (automatically o | charged before th | ne realization (| of our fi | rst serv | ice) | | | |
| Card type: | | | | | | | | |
| Card number: | | | | | Expiry date: | | | |
| Cardholder name: | | | | | | | | |
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