

Section 1 Show and Company Information

Event: Woodworking, Machinery & Supply Expo 2017

Event Date: November 2 – 4, 2017

Company Name: _____

Address: _____

City: _____

Province/State: _____

Postal Code/Zip Code _____

Phone: _____

Ext: _____

Fax: _____

Email: _____

Contact Person: _____

Signature: _____

Date: _____

Booth #: _____ Rolling Bin Required #: _____

NOTE:

- Rolling bins are 175 gallon capacity
- **To qualify for the ADVANCED discount rate, completed order form with full payment must be received prior to MONDAY OCTOBER 16TH, 2017. All order forms with full payment received after this date will be subject to STANDARD rate pricing. No exceptions.**
- Please contact use if you have special requirements

Section 2 One time removal (removal will be at the end of the selected event days) or Porter Services (More than one time removal during the event hours of the selected days)

Please indicate if you will require: One Time Removal _____ or Porter Services _____

SET UP DRUM REMOVAL (PLEASE SPECIFY DATE)

ADVANCED RATE PER ROLLING BIN REMOVAL

November 2, 2017..... \$60.00/Bin x _____ # of Bins x _____ # of removal = \$ _____

November 3, 2017..... \$60.00/Bin x _____ # of Bins x _____ # of removal = \$ _____

November 4, 2017..... \$60.00/Bin x _____ # of Bins x _____ # of removal = \$ _____

STANDARD RATE PER DRUM REMOVAL

November 2, 2017..... \$75.00/Drum x _____ # of Bins x _____ # of removal = \$ _____

November 3, 2017..... \$75.00/Drum x _____ # of Bins x _____ # of removal = \$ _____

November 4, 2017..... \$75.00/Drum x _____ # of Bins x _____ # of removal = \$ _____

Date to be delivered: _____

Size of Scrap: ___ Shaving Chips ___ Pieces ___ Sheets

Require removal during move in: Yes / No

SUBTOTAL \$ _____

H.S.T. #R866253842 13% _____

TOTAL \$ _____

Section 3 Payment Information

All orders must be received and paid in full at least 14 days prior to move in date. A 20% surcharge will be added to all orders received after this date. Incomplete orders cannot be processed. CALDAS reserves the right to adjust orders not calculated accurately or received after the deadline date. Bank transfers please add \$25.00 bank charge to your payment.

Payment: ☐ Visa ☐ MasterCard ☐ Cheque (Payable to Caldas Building Services Inc.)

Card # _____ Expiry Date: ____/____

CARDHOLDER NAME: _____ SIGNATURE: X _____

I AUTHORIZE CHARGING ANY UNPAID BALANCE TO MY CREDIT CARD