

Bin Rental Order Form



If you can imagine it, we can host it

Rentals Form 2009 - Bins

DEADLINE DATE: 5 Working days Prior to Event/ Exhibition

RETURN TO: Zanaxolo Filifili

1 Lower Long Street, Cape Town, 8001

Fax: +27 21 410 5191/Tel: + 27 21 410 5072

[e-mail: zanaxolo@cticc.co.za](mailto:zanaxolo@cticc.co.za)

| | | | |
|----------------|--|------------------|------|
| Company name | | Exhibition/Event | |
| | | Stand/Room # | |
| Street Address | | Office # | (+) |
| | | A/H/mobile # | (+) |
| | | Facsimile # | (+) |
| Authorised by | | e-mail address | |
| Signature | | Dates required | |
| Date | | (From-To) | |

| Rental Items | Billing | No. of Bins | Unit price ZAR | No of days | TOTAL ZAR |
|-------------------------------------|---------|-------------|----------------|------------|-----------|
| 50 Litre Black Bin with Lift up Lid | per day | | 12.10 | | |
| | | | | | |
| | | | | | |

SUB TOTAL ZAR

Orders received after the deadline (5 working days) are subject to an additional 20% surcharge
ZAR

VAT 14% ZAR

TOTAL ZAR

| |
|--|
| |
| |
| |



Exhibition/Event: _____

Stand/Room : _____

Signature: _____

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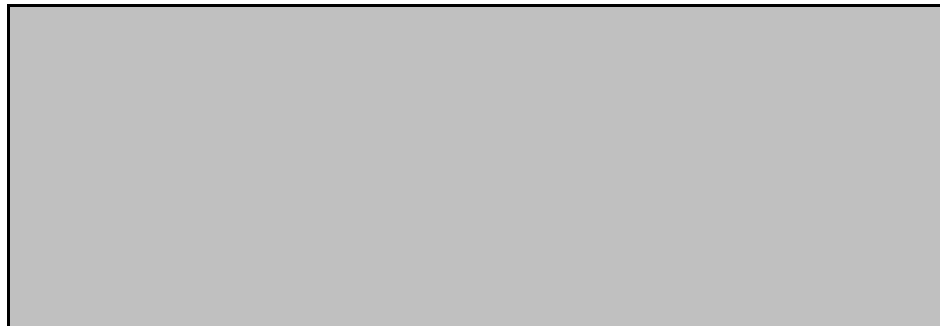
****Services will not be installed until credit card authorization form below has been completed or proof of payment has been received***

| To effect payment please complete authorisation to charge to credit/debit card | |
|--|--|
| Circle your credit card company: American Express, Visa, Eurocard/Mastercard, Diners Club/Debit Card | |
| Credit Card number: | |
| CVV No. (Last 3 No's on back of card): | |
| Expiry date: | |
| Name of credit card holder: | |
| Name: | |
| Signature: | |

| BANKING DETAILS | |
|---------------------|---|
| Bank: | Standard Bank |
| Account name: | Cape Town International Convention Centre |
| Account number: | 070823871 |
| Branch name: | Thibault Square |
| Branch code: | 020909 |
| S.W.I.F.T. address: | SBZA ZA JJ |

Vat registration number: 4030199741

BACK OF STAND



FRONT OF STAND

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Payment Method

Credit Card Authorisation:

We/I, _____ hereby authorise the deduction of the amount of _____ by the Cape Town International Convention Centre from our/my Credit Card, details below:

| | |
|---|--|
| Type of Credit Card (VISA, American Express, Diners, etc.) | |
| Credit Card Number | |
| Expiry Date | |
| CVV Number Last 3 numbers on back of card | |
| 4 Digit Security Number on the Card (American Express) | |
| Card Holders Name | |
| Card Holders Billing Address | |
| Card Holders Date of Birth | |

Please send copy of back & front of the Credit Card

Authorised Signature: _____ **Date:** _____

Please send completed form to the following fax number: **+27 21 410-5191**