

Skip Rental Order Form



If you can imagine it, we can host it

Wasteman Skips 2009	DEADLINE DATE: 5 Working days Prior to Event/ Exhibition
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RETURN TO: Zanoxolo Filifili

1 Lower Long Street, Cape Town, 8001

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

e-mail: zanoxolo@cticc.co.za

Company name		Exhibition/Event	
Street Address		Office #	
		A/H/mobile #	
		Facsimile #	
		e-mail address	
Authorised by		VAT Registration No.	
Signature		Dates required	
Date		(From-To)	

Rental Items	Billing	No. of skips	Unit price ZAR	No. of loads	No of days	TOTAL ZAR
Wasteman Skip Per Load	Per Load		2118.00		N/A	
Daily Skip Rental	Per Day	N/A	47.00	N/A		

	SUB TOTAL ZAR		
Orders received after the deadline date are subject to an additional 20% surcharge	ZAR		
	VAT 14% ZAR		
	TOTAL ZAR		



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Services will not be installed until 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

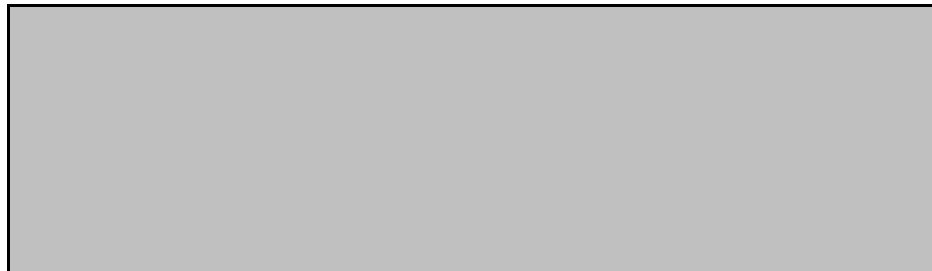
Credit Card number:	
CVV No. (Last 3 No's on back of card):	
Expiry date:	
Name of credit card holder:	
Name:	
Signature:	

BANKING DETAILS	
Bank:	Standard Bank
Account Name:	Cape Town International Convention Centre Operating Company (Pty)Ltd t/o CTICC
Account Number:	070823871
Branch Name	Thibault Square
Branch Code:	020909
S.W.I.F.T. Address	SBZA ZA JJ

Vat registration number: 4030199741

PLEASE NOTE IF THE POSITION OF THESE REQUIREMENTS ARE NOT INDICATED BELOW, THE CONTRACTOR WILL INSTALL AT THEIR DISCRETION. ANY CHANGES ON SITE WILL BE FOR THE ACCOUNT OF THE EXHIBITOR.

BACK OF STAND



FRONT OF STAND

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**