









Main Office Address:

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EXHBITOR NAME				DELIVERY DATE & TIME TO STAND				
HALL & STAND No	& STAND No			COLLECTION DATE FROM STAND				
Number and Type of Packaging	Description of Goods			Gross Wt. Kg				
or r delaging				8				
We require the follow	ving services	s: (tick as required)						
☐ Global transport service (air/road/sea)				☐ Return shipping service (air/road/sea)				
☐ Receipt at port / airport and delivery to fair site				☐ Any other services please list below				
☐ Temporary customs clearance				Special instructions:				
☐ Permanent customs clearance								
☐ Unloading / Reloading via warehouse								
☐ Unloading / Reloading direct to stand								
☐ Forfklift for erection / dismantling work on stand								
☐ Empty case storage								
☐ Full goods storage								
☐ Receipt of courier shipments								
	_							
COMPANY				SIGNED				
ADDRESS				NAME (please pr				
			(Please provide	contact			
				name & contact obtain payment				
				nformation)				
TELEPHONE			E	EMAIL ADDRESS				
COMPANY REG NO.				/AT NUMBER				
GR FORI NUMBER				FLIROPEAN FORI	INIINADED			

PLEASE SIGN TO CONFIRM ORDER AND PROVIDE PAYMENT INFORMATION ABOVE

All companies will be credit checked on placement of order, if credit is agreed we will invoice after the event, if credit is refused full payment must be received before delivery to stand.