

Furniture Hire Order Form & Contract

Full payment for services ordered must be remitted to process this contract upon the invoice issued.

Once the form is completed, please return the form to "wgc-kr@naver.com" by email.

Deadline of placing order and full payment : 15 April, 2022

Exhibitor Name	Hall / Booth No.
Invoice Address	Tel / Fax
Authorized Person (Name / Title)	
Mobile	Email
Bank Details for payment -Bank Name : DAEGU BANK, -Bank Branch : YUTONGDANJI BRANCH, -Bank address : 2310,DALGUBEOL-DAERO, SUSEONG-GU,DAEGU,SOUTH KOREA -Swift code : DAEBKR22, -Beneficiary name : SONAMU AHN YOUNGDON, -Account number : 532101224046 -Beneficiary address : 21,YUTONGDANJI-RO 3-GIL, BUK-GU, DAEGU, 41506, SOUTH KOREA, -Beneficiary telephone : +82-53-383-9867	

Selecting Furniture Hire Items

Refer to the Rental Item Catalogue to select furniture items.

All prices include setup and consumption for the whole show duration per each item.

Furniture

Item Code	Item name / Specifications	Quantity	Unit Price	Amount
		ea	USD	USD
		ea	USD	USD
		ea	USD	USD
		ea	USD	USD
		ea	USD	USD
		ea	USD	USD
		ea	USD	USD
		ea	USD	USD
		ea	USD	USD
		ea	USD	USD
		ea	USD	USD
		ea	USD	USD
Total Amount				USD

Labor Request details (*Please send PDF or DWG for furniture setup if decided as needed)

<input type="checkbox"/> OK to proceed without exhibitor present <input type="checkbox"/> Do not proceed until exhibitor is onsite	Installation Labor date & time : Size of Booth : m ² Type of Booth : Inline[<input type="checkbox"/>] Island[<input type="checkbox"/>] Peninsula[<input type="checkbox"/>]
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**Once installation depending on your plan or instructions would be done, relocation is not available for free of charge.*

Price rate policy

- The prices stated in the order form is the incentive prices in terms of application and full payment before deadline.
- After deadline(**15 April, 2022**), the standard prices increased by 10% shall be applied.
- For on-site orders, On-site prices increased by 20% shall be applied.
- Value added tax shall be charged for 10% of total amount.

Authorized Signature :

- I agree that I am an Authorized Representative on behalf of the Exhibitor and I accept SONAMU's payment policies and terms of contract.

Print name :

Signature :

Date :

