

Static Electrical form

Deadline: October 1, 2022.

Stand name:

Invoice to
(Company Address)

Contact:

Tel.:

Fax:

E-mail:

Return to:

AEM International
40 Place Madison, Hudson, QC,
J0P 1H0

Fax: 1 514 695 1344

Tel.: 1 514 695 1331

E-mail: ukoch@aeminternational.com

Code	Refer to AEM's GPU-Aircon order forms for KVA requirements		Unit price		Total
			Price until Oct 1, 2022	After Oct 1, 2022 ①	
e321	Main Electrical service, including generator and connections for air-conditioners and GPU, per KVA	_____ KVA	\$185.00	\$195.00	_____
2EL-02134	Additional Labor <input type="checkbox"/> Additional labor per hour		\$104.00	\$124.00	_____
① Orders received after October 1, 2022 are subject to additional charges ② Additional labor charges apply to equipment not supplied by AEM International			Total electrical	\$	_____
			Total additional labor	\$	_____
			Total amount	\$	_____

Date: **Signature:**

Abu Dhabi Air Expo 2022.
November 1-3, 2022.

Method Of Payment Form

NAME OF SHOW: _____			
COMPANY NAME: _____		BOOTH#: _____	
ADDRESS: _____			
(STREET)		(P.O. BOX)	
PHONE #: _____	EXT.: _____	FAX#: _____	E-MAIL: _____
ORDERED BY: _____		PRINT NAME: _____	DATE: _____

Ensure all payments are received prior to the event

☐ **COMPANY CHECK**

Please make check payable to: AEM International. Checks must be in U.S. funds drawn on a U.S. or Canadian bank. ("U.S. FUNDS" MUST BE PRE-PRINTED on Canadian checks.)

☐ **CREDIT CARD**

For your convenience, we will use this authorization to charge your credit card account for your advance orders, and any additional amounts incurred as a result of show site orders placed by your representative.

Please complete the information requested below:

☐ **BANK TRANSFER**

Royal Bank of Canada (514)856 8900, 3131 Cote Vertu - Local F1 St-Laurent, Qc. Canada, H4R 1Y8 - Bank # 003 - Transit # 03051
■ Account # 400-444-6 - ABA # 021000021

■ BIC/SWIFT* ROYCCAT2

■ Recipient: AEM International (450) 424 2202

Please reference Name of Show and company name on all Bank Transfers so we may properly credit your account.
Note: Customers are responsible for any bank processing fees.

MASTERCARD

VISA

Account No.: _____	Exp. Date: _____
<input type="checkbox"/> Personal Credit Card <input type="checkbox"/> Company Credit Card	
Cardholder Name: (Print) _____	Signature: _____
Cardholder Billing Address: _____	
City/State/Zip: _____	
E-mail Address for Invoice Notification: _____	

Total =