

## ORDER FORM TV RENTAL

19-20-21 NOVEMBER 2024

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Must be sent be	fore 22 <sup>nd</sup> October 2024 to s	services@airexpo.a	aero	
COMPANY NAME				
CONTACT NAME	CONTACT	CONTACT'S E-MAIL ADDRESS		
BILLING ADDRESS				
CITY	ZIP CODE	COUNTRY		
TAX REGISTRATION No	PHONE	CELL PHONE		
DESCRIPTION	PRICE AED	QUANTITY	TOTAL PRICE AED	
32" TV with Stand	AED1250			
42" TV with Stand	AED1650			
50" TV with Stand	AED2100			
55" TV with Stand	AED2850			
65" TV with Stand	AED5200			
Price for 3 Days rental		TOTAL	AED	
Price includes installation		<b>VAT 5%</b>	AED	
		TOTAL VAT incl.	AED	
Please note that yo	our order will not be processed	until payment is receiv	ved.	
PAYMENT	·			
Please reference your company name on all bank transfers so we			nk processing fees. ALL BRANCH, P.O.BOX 5279, ABU DHABI, UAB	
Bank transfer Without charges for the beneficiary Please attach a copy of the bank debit note  Credit card Cardholder's name:	BANK : FIRST ABU DI ACCOUNT NAME : 41 IBAN : AE88 0351 94	BANK : FIRST ABU DHABI BANK ACCOUNT NAME : 4M EVENTS FZ-LLC IBAN : AE88 0351 9413 2350 2315 010 SWIFT CODE : NBADAEAAXXX		
☐ MasterCard ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		EXPIRATION DAT	SECURITY CODE	
I authorize Adone Events to charge my card for the amount	Listed above.			

**COMPANY STAMP:** 

**SIGNATURE:** 

DATE : .....