



IML – Messe Logistik GmbH

Bruno Kreisky Platz 1, Austria Center Vienna, A-1220 Wien

ORDER FORM VIA ADVANCED WAREHOUSE

| | |
|------------------------------------|-------------------------|
| <i>Congress / Exhibition name</i> | <i>Venue</i> |
| <i>Exhibitor name</i> | <i>Hall / Stand no.</i> |
| <i>Contact person at the booth</i> | <i>Mobil no.</i> |

INBOUND

OUTBOUND

| | |
|---|--|
| <input type="checkbox"/> door to booth service <small>(incl. Transport organized by IML)</small> | <input type="checkbox"/> booth to door service <small>incl. Transport – organized by IML</small> |
| <input type="checkbox"/> only local handling via advanced warehouse <small>(Transport with your local carrier to our warehouse)</small> | <input type="checkbox"/> via warehouse after show only <small>(pick up from our warehouse with your local carrier)</small> |
| <i>Shipper</i> | <i>Consignee</i> |
| <i>Contact details (Name / Phone / Mail)</i> | <i>Contact details (Name / Phone / Mail)</i> |
| <i>Shipment details pieces / dimensions (cm) / weight (kg) / etc.</i> | <i>Shipment details pieces / dimensions (cm) / weight (kg) / etc.</i> |
| <i>Carrier / Trucker & Tracking no.</i> | <i>Collection from stand (date & time)</i> |
| <i>Tracking no. / AWB no. / etc.</i> | <i>Pick up date from warehouse IML (apprx.)</i> |
| <i>Arrival date warehouse IML (apprx.)</i> | The pickup from warehouse IML cannot be made on the same day as the stand collection. Only possible by separate agreement. |
| <i>Delivery to stand (date & time)</i> | <i>Carrier / Trucker which will pick up the goods from IML warehouse</i> |
| <i>Additional information / instructions / Transport insurance if needed with shipment value (attention will be charged separately)</i> | |

EMPTY STORAGE (Storage during the event dates)

| | |
|--|---------------------------------------|
| <input type="checkbox"/> Yes we need empty storage <small>apprx. cbm:</small> _____ | Pick up date & time: _____ |
|--|---------------------------------------|

INVOICE DETAILS

| | | | |
|---------------------|-------------|--|----------------|
| <i>Company Name</i> | | <i>VAT No. (only for EU Countries)</i> | |
| <i>Address</i> | <i>City</i> | <i>Zip Code</i> | <i>Country</i> |

TERMS OF PAYMENT

| |
|---|
| <input type="checkbox"/> I hereby authorize the use of the following credit card for payment |
| <input type="checkbox"/> I hereby authorize the use of the following credit card as a security against non-payment in full within 14 days of invoice date |
| <input type="checkbox"/> |

CREDIT CARD DETAILS

Visa Mastercard American Express

| | |
|------------------------|----------------------------|
| <i>Cardholder Name</i> | <i>Card Account Number</i> |
| <i>Expire Date</i> | <i>CVC</i> |

| | | |
|-------------|---------------------|------------------|
| <i>Date</i> | <i>Printed Name</i> | <i>Signature</i> |
|-------------|---------------------|------------------|