





Phone +31 2511250060

Email: eau@fairexx.nl

Exhibitor:				Booth no.				
CONTRACTOR CONTACT DI	ETAILS AND INVOICE	CE ADDRI	ESS					
Company name								
Address								
Postcode and city								
Country								
Phone				E-mail				
VAT nr.								
PRE-EVENT INFORMATION								
We will send the following	shipment meant fo	r / to the	warehou	use in the Net	therlan	ds		
Number of packages		Gross weight						
Measurements in cm(s) (when needed add								
attachment)				Volum	ne	1	Cbm.	
Mode of transport	O Airfreight*	O Cour	Courier* O Seafreigl			ht* O Road		
	* Please send copy airwaybill or seawaybill							
Date of arrival latest								
Date delivery on stand								
POST EVENT INFORMATIO	N							
Return transport	O Yes to origin	(O other a	ddress	O No	0		
To be arranged by	O Fairexx Logistics							
CREDITCARD DETAILS								
Creditcard type	O Mastercard	0	Visa		O Am	iex		
Card number								
Name cardholder								
CVC /security code		Expiration date						
Signature principal Date and stamp								

Please send form by e-mail:

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