



Furniture Rental form

6907 Westside Saginaw Rd. * Suite # 7 * Bay City * MI * 48706
Ph. 1-989-686-0660 * Fax. 1-989-686-1560 * Toll Free 1-800-549-9026

Name of Event: _____	Show Dates: _____
Company Name: _____	Booths Number(s): _____
Address: _____	Phone Number: _____
City: _____ State: _____ Zip: _____	Fax: Number: _____
Contact: _____	Title: _____
Signature: _____	Date: _____

PLEASE SIGN AND DATE UPON RENTAL AGREEMENT ACCEPTANCE
 ALL FAX ORDERS MUST BE ACCOMPANIED BY CREDIT CARD APPLICATION TO QUALIFY
 FOR ADVANCE PRICE, ALL OTHER ORDERS WILL BE BILLED AT FLOOR PRICE

BOOTH FURNITURE				
QTY.	ITEM	ADVANCE	FLOOR	AMOUNT
	Contour folding chair	\$	\$	
	Padded bar stool	\$	\$	
	Wastebasket	\$	\$	
STANDARD TABLES (30" HIGH)				
	2'x4' Plain	\$	\$	
	2'x4' Covered & skirted	\$	\$	
	2'x6' Plain	\$	\$	
	2'x6' Covered & skirted	\$	\$	
	2'x8' Plain	\$	\$	
	2'x8' Covered & skirted	\$	\$	
COUNTER TABLES (42" HIGH)				
	2'x4' Plain	\$	\$	
	2'x4' Covered & skirted	\$	\$	
	2'x6' Plain	\$	\$	
	2'x6' Covered & skirted	\$	\$	
	2'x8' Plain	\$	\$	
	2'x8' Covered & skirted	\$	\$	
TABLE RISERS				
	4'x1'x1' Plain	\$	\$	
	4'x1'x1' Covered	\$	\$	
	6'x1'x1' Plain	\$	\$	
	6'x1'x1' Covered	\$	\$	
	8'x1'x1' Plain	\$	\$	
	8'x1'x1' Covered	\$	\$	

SPECIALTY TABLES				
QTY	ITEM	ADVANCE	FLOOR	AMOUNT
	30" Dia. Round (30" high) Plain	\$	\$	
	30" Dia. Round (30" high) Covered & skirted	\$	\$	
	60" Dia. Round (30" high) Plain	\$	\$	
	60" Dia. Round (30" high) Covered & skirted	\$	\$	
MISCELLANEOUS				
	Oak Easel	\$	\$	
	Double Sided Carpet Tape	\$	\$	
	42' Table Raiser – no table	\$	\$	
	Cover & Skirt for 30" table	\$	\$	
	Cover & Skirt for 42" table	\$	\$	
	4 th side skirting – 30 & 42"	\$	\$	
	3' high drape per ft.	\$	\$	
	8' high drape per ft.	\$	\$	
	Aluminum Extension (6'-10')	\$	\$	
	Aluminum Upright (3' high)	\$	\$	
	Aluminum Upright (8' high)	\$	\$	
	Large base plt.	\$	\$	
	Small base plt.	\$	\$	
Total Amount Due				

EXHIBITION SERVICE USE ONLY

ORDER RECEIVED BY: _____ DATE _____

ADVANCED _____ FLOOR PRICE _____

CHK. # _____ AMT. _____

C. C. # _____

EXPERATION DATE _____

ORDER COMPLETED BY: _____

DATE COMPLETED: _____

AMOUNT OWED: _____

AMOUNT RECEIVED: _____

BALANCE DUE _____