

**ESB2014**  
**31st AUGUST - 3rd SEPTEMBER**  
**ACC, LIVERPOOL**

Index Use	
E.C.	
BOMPAC	
PAYMENT	

**ELECTRICAL ORDER FORM**

Stand No.

Deadline Date - 1st August 2014

\* orders received after this date will be subject to a 25% surcharge.

As part of your Shell Scheme Package you will receive

**2 x Spotlights & 1 x Twin 500w Socket**

Additional items can be ordered as below

Item	Price	Qty	Total
50w Low Voltage Spotlight	£44.00		
2 x 50w Low Voltage Spotlight & 1 x 500w Socket Outlet	£159.00		
500w Socket Outlet-2amp	£115.00		
1kw Socket Outlet-4amp	£165.00		
2kw Socket Outlet-8amp	£220.00		
3kw Socket Outlet-12amp	£360.00		
<b>Shell Scheme Testing Fee</b>	<b>£15.00</b>		
<b>Space Only Testing Fee</b>	<b>POA</b>		

The new Electrical Testing charge is now required to meet the revised minimum testing requirements in line with BS7671 (2008). The obligatory order form testing charge of £15 is for order form items only.

All direct mains ordered will need to provide relevant information at the time of quotation, full details can be given upon request. If a direct main Test & Inspect is required then this will be by quotation also.

25% surcharge  
(if applicable)

**\*Testing**                      **£15.00**

**Sub Total**

3% surcharge for  
credit card payments

**Total**

**Vat 20%**

**Total**

**No goods will be supplied unless full payment is received**

Company Name:	
Address:	
Postcode:	
Telephone:	Facsimile:
Contact Name:	
EU VAT No:	
Email:	

Please return this form to the address below with full payment by the above deadline date. Orders received after this date will be subject to availability and a 25% surcharge. Any items requested on site will be supplied subject to availability and will incur a 30% surcharge.

Please supply a drawing to show position of fixings

For any items not listed a quotation may be obtained from Index Group

For your convenience orders can be placed at [www.indexgroup.org/order/order\\_electric\\_lighting.asp](http://www.indexgroup.org/order/order_electric_lighting.asp)

Please return to:

INDEX GROUP LTD  
 Unit X1, Claybrookes Court, Herald Way, Binley Ind. Estate, Coventry, CV3 2NY  
 Telephone: 0800 085 9885 Facsimile: 02476 635090  
 E-mail: [electrics@indexgroup.org](mailto:electrics@indexgroup.org)

**INDEX** ltd  
 exhibition services



# Payment & Credit Card Charge Authorisation

Exhibition Name: \_\_\_\_\_

Stand Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

Contact Name: \_\_\_\_\_

EU VAT Number (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_

PO Number: \_\_\_\_\_

## PAYMENT POLICY

**Payment for services**— Index Group Ltd requires payment in full at the time services are ordered.

**Method of payment**— Index Group Ltd accepts all major credit / debit cards, cheques and bank transfers. Purchase orders are not considered payment.

We require your payment authorisation to be completed and returned even if you are paying by cheque or bank transfer. You do not need to complete your card details unless you wish to pay by this method. Please tick the box below to indicate your preferred method of payment.

**Cheque**   
**Bank Transfer**   
**Credit/debit card**

**Orders can not be processed until payment has been received.**

**Cancellations/Refunds**— Please note that refunds will not be made on cancellation of any non stock items. Any item ordered prior to and transported to the event is not eligible for a refund.

### **Bank Transfer & Cheque Payment Information:**

#### **Beneficiary: Index Group Ltd**

The Royal Bank of Scotland  
131 Blackburn Street, Radcliffe, Manchester, M26 9WQ

Account Number: 10083843

Sort Code: 16-29-20

Swift Code: RBOSGB2L

IBAN Code: GB73 RBOS 162920 10083843

Please make all cheques payable to—Index Group Ltd

**I agree in placing this order that I have accepted the Terms & Conditions of the Index Group Ltd:**

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_

## CREDIT CARD CHARGE AUTHORISATION

All information must be provided. Your order will not be processed if any information is missing.

**Please note that there is a 3% charge for credit card transactions.**

Please ensure this form is returned with all orders.

**Debit Card**   
**Credit Card**   
**American Express**

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_/\_\_\_

Security Code (Last 3 digits on signature strip) \_\_\_\_\_

Start Date (if shown): \_\_\_/\_\_\_

Issue Number (if shown): \_\_\_\_\_

Cardholders Name: \_\_\_\_\_

Cardholders billing address (If different to above):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_

**Please note this form will be destroyed once payment has been processed/received.**

If you have any questions relating to any of the information on this form please contact us on:  
0800 085 9885

**Please return to corresponding email/postal address which can be found on the bottom of the relevant order form.**

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