

**LABOR ORDER FORM - SERVICE REQUIREMENTS**

**GVENCE**

**For GVENCE Office Use Only**

10 EAST 34<sup>TH</sup> ST. NEW YORK , NY 10011  
**Tel:** 646-3594112  
**E-mail:** info@gvence.com  
**Web:** www.gvence.com

ORDER NO:  
 DATE:  
 SHOW NO:  
 SALES REP:  
 CELL NUMBER:  
 EMAIL:

**EXHIBITOR INFORMATION**

**BILLING INFO**

Exhibitor:  
 Show:  
 Show Open Date:  
 Show Close Date:  
 Facility:  
 City:

Company:  
 Address:  
 City/St:  
 ATTN:  
 PO #:  
 Phone:  
 Fax:

**BOOTH INFORMATION**

**INBOUND FREIGHT INFO**

Booth Number #: \_\_\_\_\_ Size: \_\_\_\_\_  
 Install Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Dismantle Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Number of Men: \_\_\_\_\_  
 Supervision Install: \_\_\_\_\_ Client Super. \_\_\_\_\_  
 Supervision Dismantle: \_\_\_\_\_ Client Super. \_\_\_\_\_  
 Carpet: \_\_\_\_\_ Rental \_\_\_\_\_ W/Exhibit \_\_\_\_\_ Color: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Carrier : \_\_\_\_\_  
 \_\_\_Direct \_\_\_Drayage \_\_\_Split \_\_\_GVENCE  
 # of Crates: \_\_\_\_\_  
 Skids \_\_\_\_\_ Cases \_\_\_\_\_ Pallets \_\_\_\_\_ Total \_\_\_\_\_  
 Tracing Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Ship From: \_\_\_\_\_

**CLIENT INFORMATION**

**OUTBOUND FREIGHT INFO**

Exhibitor Contact: \_\_\_\_\_ Tel: \_\_\_\_\_  
 Builder Contact: \_\_\_\_\_ Tel: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Weekend / Night Phone: \_\_\_\_\_  
 Other: \_\_\_\_\_

Pre-Paid\_\_\_ Collect\_\_\_ Split\_\_\_  
 Carrier: \_\_\_\_\_  
 Pick up Date: \_\_\_\_\_ Time: \_\_\_\_\_

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

**ADDITIONAL OUTBOUND FREIGHT INFO.**

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

**SHOW MANAGEMENT**

**GENERAL CONTRACTOR**

**Note:** Many show managers and/or general labor contractors require that you notify them in writing of your intention to use a service contractor to install and dismantle your exhibit. Look for a deadline date and please send your notification as soon as possible. We would appreciate a copy for our records. Thank you

EAC FILED? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 City/St: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 City/St: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Please include copies of the services you have ordered  
 Electric\_\_\_ Furniture\_\_\_ Telephone\_\_\_ Cleaning\_\_\_ GVENCE to Order\_\_\_ GVENCE to Order and Pay\_\_\_  
 Floral\_\_\_  
 Other \_\_\_\_\_  
 Enclosed: \_\_\_Blueprints \_\_\_Drawings \_\_\_Pictures

**SPECIAL INSTRUCTIONS for NYNOW SHOW AT JAVITS CENTER**

**Show Rates:** S/T: \_\_\_\_\_ O/T: \_\_\_\_\_ D/T: \_\_\_\_\_  
**Straight Time:** Mon-Friday ( First 8 hours of the worker's shift, regardless of the time of the day  
**Over Time:** ( After first 8 hours of the worker's shift, regardless of time of the day) and Saturdays  
**Double Time:** Sundays and Holidays:

RATE

- \*Price is per person per hour
- \*Two hours minimum per man- labor thereafter is charged in half (1/2) hour increments
- \*Labor must be canceled in writing 3 days in advance to avoid a one hour cancellation fee per worker
- Please include setup plan/photo, special instructions & inbound shipping information with this order.

**METHOD OF PAYMENT**

By submitting this form via fax/email/mail or ordering services from GVENCE you agree to be bound by all Term & Conditions.

**CREDIT CARD:** American Express \_\_\_\_\_ Master \_\_\_\_\_ Visa/ Debit \_\_\_\_\_  
Account No: \_\_\_\_\_ Exp.Date: \_\_\_\_\_ SC: \_\_\_\_\_  
Personal: \_\_\_\_\_ Company: \_\_\_\_\_  
Card Holder Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Card Holder Billing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Email for Invoice: \_\_\_\_\_

For your convenience, we will use this authorization to charge your credit/debit card account for your advance orders, and any additional amounts incurred as a result of show site orders placed by your representative. Please complete the information requested.

**DOMESTIC WIRE TRANSFER**

**INTERNATIONAL WIRE TRANSFER**

**Bank Transfer To:** BANK of AMERICA  
**Address of the Bank:**1177 Avenue of the Americas, New York,NY 10036  
**Reference:** EMEXPO  
**Routing Number:** 02120033  
**ACCT:** 3810 4349 9355  
**Swift Code:** BOFAUS3N

**Bank Transfer To:** BANK of AMERICA  
**Address of the Bank:**1177 Avenue of the Americas, New York, NY 10036  
**Reference:** EMEXPO  
**Routing Number:** 02120033  
**ACCT:** 3810 4349 9355  
**Swift Code:** BOFAUS3N

Please email remittance to [info@gvence.com](mailto:info@gvence.com) and reference Name of Show & Booth Number so we can properly credit your account  
**Note:** Customers are responsible for any bank processing fees.

**COMPANY CHECK**

Please make check payable to: EMEXPO llc.  
Checks must be in U.S. funds drawn on a U.S. or Canadian bank.