



EXHIBIT VENDOR ORDER FORM

Event Name: Delaware Auto Show Event Date(s): 10/7-9/11

Booth/Vendor Contact: Phone:

Booth Name: Booth #:

Email: Fax:

All orders will be confirmed via email, please include email address.

AUDIO VISUAL SERVICE NEEDS: (Please mark as needed)

Please call for any additional audio visual equipment needs not listed here.

Table with columns: QUANTITY, LENGTH OF RENTAL, TOTAL. Rows include services like Electricity, Internet Connection, Router, Laptop, Cable TV, Telephone, Sound system, and various LCD/Plasma Displays.

\*Installation for these services may have additional labor charges

AUDIO VISUAL SERVICES TOTAL \$

PAYMENT METHOD: (Please mark) CHECK (payable to Riverfront Audio Visual) CREDIT CARD

Type: Visa Master Card Amex Discover

Name on Card: Phone:

Acct. Number: CVS Code: (3 digit on back, 4 digit Amex front)

Billing Address: City State Zip

I hereby authorize this order for equipment/services from Riverfront Audio Visual. I understand that payment is due prior to the event and have indicated my/our method above. I understand that this contract is for rental of the equipment except as noted. I understand I am responsible for the safe keeping of this equipment during this rental period. I also understand that I am responsible for any damage/replacement to/of the equipment during this period. Reasonable wear and tear is expected.

Signature

Date

PLEASE FAX BACK TO: 302.261.7381 or MAIL WITH CHECK 2 WEEKS PRIOR TO EVENT DATE