

LABOUR ORDER FORM

SHOW NAME:	SHOW LOCATION:	SHOW DATES:
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ALL SHIFTS MINIMUM 4HRS					
EXHIBITING COMPANY:			PHONE:		BOOTH(S):
CONTACT NAME:		EMAIL ADDRESS:			
START DATE:	MONTH:	DAY:	YEAR:	START TIME:	AM PM
END DATE:	MONTH:	DAY:	YEAR:	END TIME:	AM PM

QTY	LABOUR	DESCRIPTION	TOTAL

UNION LABOUR:		SUB-TOTAL
*REGULAR TIME (8A.M.-4P.M.) \$98/HR	*OVER TIME (FIRST 2HRS PAST 8HRS & SAT/SUN) \$147/HR	
*PREMIUM TIME:(4P.M.-8A.M.) \$106/HR	*DOUBLE TIME (AFTER 10 HRS WEEKDAYS OR 8HRS WEEKENDS) \$196/HR	13% HST
NO ORDERS WILL BE PROCESSED UNTIL PAYMENT IN FULL HAS BEEN RECEIVED		TOTAL

ALL ORDERS MUST BE PREPAID IN FULL INCLUDING ALL APPLICABLE TAX. PURCHASE ORDERS DO NOT QUALIFY AS PAYMENTS.

ORDERS MUST BE CANCELLED 7 WORKING DAYS PRIOR TO FIRST MOVE-IN DAY TO BE CONSIDERED FOR REFUND.

ANY CLAIMS FOR SERVICES NOT PROVIDED WILL NOT BE CONSIDERED AFTER THE SHOW CLOSSES.

PAYMENT OPTIONS

- EFT DETAILS PROVIDED UPON REQUEST
- INTERAC ETRANSFER PAYABLE TO JOER@LANGESHOW.COM
- VISA* MASTERCARD*

**SUBJECT TO 2.4% CREDIT CARD SURCHARGE TO BE APPLIED AT TIME OF PROCESSING*

CREDIT CARD NO: _____ EXPIRY DATE: MM/YY ____ / ____ CVV: _____
AUTHORIZED SIGNATURE: _____ PRINT NAME: _____

BILLING NAME AND ADDRESS

OUR INVOICE/RECEIPT WILL BE SENT ELECTRONICALLY

PLEASE PROVIDE US WITH THE APPROPRIATE EMAIL ADDRESS: _____

COMPANY: _____ PO#: _____
ADDRESS: _____ CITY: _____
PROV/STATE: _____ POSTAL/ZIP CODE: _____ PHONE #: _____

ALL CUSTOMERS WITHOUT AN ESTABLISHED ACCOUNT WITH LANGE MUST PREPAY

EXHIBITORS AND THEIR REPRESENTATIVES HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS LANGE TRANSPORTATION AND STORAGE LTD., THE EMPLOYEES THEREOF AND THEIR REPRESENTATIVES AND AGENTS, AGAINST ANY AND ALL CLAIMS FOR LOSS, DAMAGE, THEFT OR INJURY. INDEMNIFICATION INCLUDES THE PERIOD OF STORAGE PRIOR TO AND IMMEDIATELY FOLLOWING THE EVENT. THE EXHIBITOR, ON SIGNING THE CONTRACT, RELEASES THE FOREGOING FROM ANY AND ALL CLAIMS FOR LOSS, THEFT, DAMAGE OR INJURY HOWEVER CAUSED. EXHIBITORS MUST PROVIDE THEIR OWN INSURANCE AND SECURITY.

SIGNATURE: _____ PRINT NAME: _____