

SECURITY ORDER FORM

Payment in full must accompany order form



Show Name: INA PAACE AUTOMECHANIKA		Show dates: July 10-12, 2019	
DEADLINE FOR THE ADVANCED RATE AND RECEPTION OF FORM BY EMAIL:			June 26, 2019
If you wish to place an order after deadline you will need to do so by visiting Centro Citibanamex Services Office located in site.			
BILLING INFORMATION			
Company Name:			Booth #
Address 1:			
Address 2:		Zip Code	
City:		Tax ID/VAT number:	
State:		Country	
Phone number:			
SERVICE QUOTE			QUOTE
Please send the following information to the email of serviciosadicionales@centrocitibanamex.com of Booth Number, Responsible for the booth, Size of booth, Dates and times you require the service, Inventory and value of equipment, items, etc.			
Please hand in an inventory of the equipment to safeguard			Sub Total USD
			TAX USD
			Total USD
PAYMENT FORM			
BANK: Citibank, NA Account number: 36314909 ABA Number: 021 000 089 Swift: CITIUS33 ; Wall Street, 10043 New York.USA Beneficiary: REPRESENTACIONES DE EXPOSICIONES MEXICO SA DE CV		111	Important: Please send order form & payment transaction to serviciosadicionales@centrocitibanamex.com
Bank Transfer			
Credit Card Number: <input style="width: 300px;" type="text"/>		I hereby authorize charging any unpaid balance to my credit card	
AMEX <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> BANAMEX <input type="checkbox"/>	Code* _____ *IMPORTANT Expiration Date _____	Printed Name of Card Holder _____ Card Holder's Signature _____	
Please be sure to include the complete information on your credit card. The charge will be done in Mexican Currency, and your bank statement will reflect the exchange rate applied at the time of the transaction; therefore prices may vary at the end.			
Charges for this service on your credit card will appear under "CENTRO CITIBANAMEX"			
<small>*Representaciones de Exposiciones México, SA de CV, at Avenida Conscripto numero 311, Colonia Lomas de Sotelo, C.P. 11200, Delegacion Miguel Hidalgo in Mexico City, will use your personal data collected here to provide the services required by you and To comply with obligations contracted by our clients For more information about the treatment and rights that can be enforced, you can access the full Privacy Notice at www.centrocitibanamex.com/es/aviso-de-privacidad <http://www.centrocitibanamex.com/es/aviso-de-privacidad>.*</small>			
TERMS AND CONDITIONS			
a- The price of the service is according od previous quotation. The charge will be done in mexican pesos.			
b- This service consist of specialized security personnel.			
c- The security cannot be employed in services difference from security.			
d- The personnel employed for this service, is exclusively qualified to perform it and can not carry out any other work that does not comply with the specifications.			
e- The security service will only be carried out inside the hired area.			
f- Please send this form and make the corresponding payment before the deadline, if not we cannot guarantee the availability of this service.			
Services requested during set-up & show will be accepted and installed upon availability.			
h- When soliciting a specific estimate, an inventory of the assent in the stand must be handed in.			
TOTAL VALUE OF BOOTH AND EQUIPMENT _____ Time in which the service will be required: _____		Dates in which the service will be required: _____ Sq Mtrs of Booth _____	
		Servicios Adicionales	
		Send this form and payment to serviciosadicionales@centrocitibanamex.com InHouse Services Av. Conscripto No. 311, 11200 Mexico, D.F. MEXICO Phone Number: (52+55) 5268 2000 Ext. 2054	
Toll Free No. 1-866-406-1626 ext. 2050 from USA & CANADA			

Services requested during set-up & show will be installed upon availability.

FLOOR PLAN



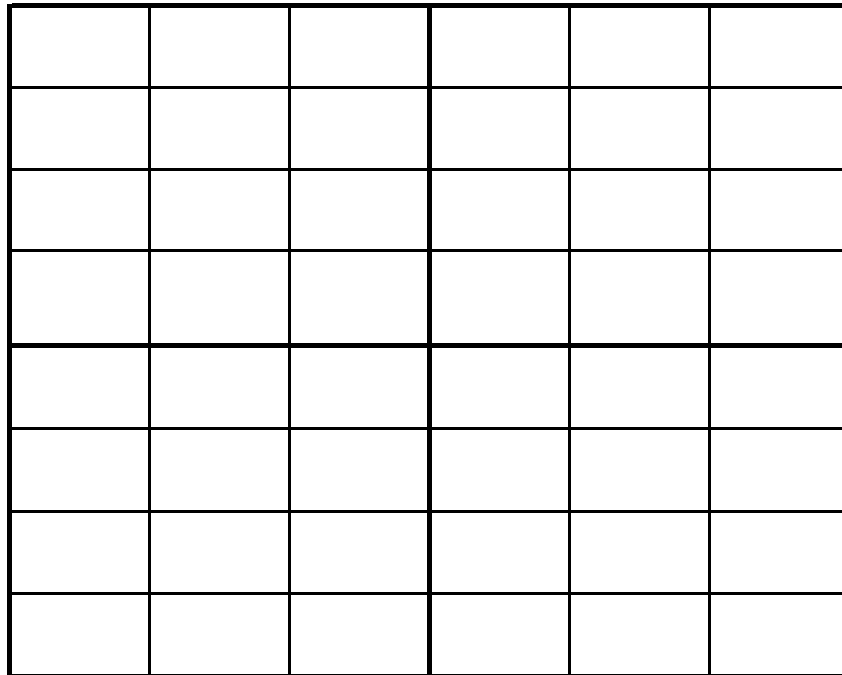
The Floor Plan accompanied by the Order Form and the Payment in full * Send least 8 days before mounting *

Show Name **INA PAACE AUTOMECHANIKA** Show dates: **July 10-12, 2019**

Booth Name: _____
 Company Name: _____

Stand

Rear Stand



Left Stand

Right Stand

Indicate the Service you are Hiring

-  Compressed Air _____
-  Hanging _____
-  Internet _____
-  Telephone _____
-  Water _____
-  Drain _____
-  Electricity _____

Front Stand

**Please indicate clearly the location for installing the service inside your booth.*

Comments: _____

- * COMPANY NAME:
- * TAX ID/ VAT number:
- * FISCAL RESIDENCE (COUNTRY):
- * METHOD OF PAYMENT:

WE ASK YOU TO MAKE SURE ABOUT THE SERVICES THAT YOU REQUEST AND PAID, REFUNDS CAN NOT BE MADE.

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