



Handicap Access Vehicles

Please Mail or Fax Completed Form to RES:
9291 West Bryn Mawr, Rosemont, IL 60018
Fax: 847-696-9797
Phone: 847-696-2208

ATE, Plastec Midwest, EW, D&MMW, GMX, MD&M Midwest
September 28-30, 2010
Deadline Date To Receive Discounted Rates:
September 1, 2010



HANDICAP ACCESS VEHICLES	RENTAL PRICE	QUANTITY
Wheel Chair	\$25.00 per day	
3 Wheel Scooter-Victory Pride	\$75.00 per day	

Order Total \$

Date/s needed for requested: _____

Credit Card Payment Information for Responsible Party.

Account Number: _____ Expiration Date: _____

Card Holder Billing Address: _____

Signature of Cardholder: _____

Acceptance of this is contingent upon:

An established satisfactory credit rating with Rosemont Exposition Services by the Third Party and return of the notification letter prior to the deadline date. Further, we understand and agree that failure to make payment within 30 days of receipt of invoice will result in a redirection of the invoice to the exhibiting company for full payment and will affect the Third Party's future credit standing.

Company Name: _____ Phone #: _____ Fax #: _____

Address: _____ City: _____ State: _____ Zip: _____

Authorized By (print): _____ Signature: _____ Booth #: _____

Order Summary and Payment Sheet MUST accompany this order. All terms and conditions as outlined on the Order Summary and Payment Sheet have been reviewed and understood.

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