

EVENT :	Booth name :	Booth number :
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1. YOUR COMPANY

Invoicing company :
Invoicing contact :
Postal address :
Postal code / city / country :
Telephone :
E-mail address :
VAT number :
<i>(Please note that we are not allowed to remove the VAT from the cleaning orders)</i>

2. YOUR ORDER

Description	Qty	Unit price (excl.VAT)	Number of days	Total
Basic cleaning stand per sq.m. (description below)		0.79 €/sq.m.		
Additional cleaning (description below) - hourly rate per agent – 1 agent can clean 30sqm in 1 hour		30.00 €/h		
Cleaning agent totally dedicated to your stand – minimum 4h / only during the exhibition hours		32.80 €/h		

Preferred dates and times (we will confirm the time slot later in regards to our schedule) :

<i>Be careful, the stand has to stay opened – including storage - so our agents can clean outside the opening hours of the event</i>	TOTAL	
	+ VAT 20%	
	AMOUNT TO PAY	

Additional information:

- **Basic cleaning :** polyane removal, vacuuming of floor, dusting of tables & chairs, emptying of bins - Please check with the organizers first if a basic cleaning is already included for your stand
- **Additional cleaning :** complete cleaning of your stand including windows, shelves, spotlights, partition walls to a maximum height of 2m, cleaning of the floor (other than carpet) - Please specify the elements you want to be cleaned – a 3D view will be appreciated
- **Cocktails :** first you have to get the approval of the organizers. Then, note that additional costs will be applied for agents on duty in the toilets – only during the cocktail hours. Do not hesitate to contact us.

3. TERMS OF PAYMENT

ORDERS WILL NOT BE PROCESSED WITHOUT PAYMENT

- CHECK in euros – order to SEMEC – a copy of the check has to be sent by email**
- BANK TRANSFER – order to SEMEC – a copy of the bank transfer has to be sent by email**

Bank : CREDIT AGRICOLE DES ALPES MARITIMES

Bank code : 19106 – Sort code : 00609 – Account N° : 00975193012 - Clé RIB 93

IBAN : FR76 1910 6006 0900 9751 9301 293 – SWIFT : AGRIFRPP891

- CREDIT CARTE VISA or MASTERCARD – VAD**

Name of the owner: _____

CC numbers: _____

Expiration date: ____ / ____ **Cryptogram:** _____

DATE, SIGNATURE & STAMP :