

5 CANDEUB CT. • SUITE #3 • MANALAPAN, NJ 07726-8438

Expires 45 days prior to the opening date of the scheduled show.

SHOW NAME
VENUE NAME
SHOW DATES

PHONE (732) 617-1177 • FAX (732) 536-7508 CELL (908) 770-6543 • www.mannystone.com

scanned order forn		•				☐ MIS	Booth Pag	ckage 🖵	Raw Space
FOAM BOAR	RD • G	RID • FLO	ORING •	CHAIR • TA	ABLE • PVC LEDGE	• LAM	P RENT/	AL ORD	ER FORM
FLAME RESISTANT FOAM BOARD	QTY.	per the (only) manuf	foam board unavailable ufacturer of the same. 5" BOARD	TOTALS	ITEM	QTY.	PRICE PE		E to J TOTALS
³∕₁6" WHITE	_	ADVANCE \$395 each	STANDARD \$455 each	(A)	FLOORING		SQ. FT.	\$11.00 SQ. FT.	_
3/16" COLOR PANTONE® COLOR #		ADVANCE \$515	STANDARD \$555	A	FOAM FLOORING		SQ. FT.	\$12.00 SQ. FT.	
	THICE	each OPTIO	each	B	"WOOD LOOK" SHEET VINYL FLOORING	i		\$12.00	1 \-
GRAPHICS ON FOAM BOARD **plus handling fee		S595 each	STANDARD \$655 each		14" LONG 55 Watt LED ARM LAMP*		ADVANCE \$150 each	\$175 each	F
BEFORE 26 DAYS			LED OPENING	IG OF SHOW.	* Power & Labor Excluded.		55 WATT LE	+	
BLACK PADDED FOLDING CHAIRS		ADVANCE \$95 each	STANDARD \$115 each	(©)	Installed		\$150 each	\$175 each	<u> </u>
Non Skirted 2' X 4' TABLE - WHITE		ADVANCE \$135 each	STANDARD \$155 each	Ф	PVC BOOK LEDGE Supports up to 1 lb. CIRCLE LENGTH 3FT 4FT		ADVANCE \$65 each	\$80 each	(H)
Stand	ard Rate			ived within 45	days prior to the openin	ng date o		duled shov	
l e				•	Covid: Fifty (50%) percent of the to emaining fifty (50%) of the order for				learly and Sales Tax!
	show within	n twelve (12) months	hs of the date of the		order form applies or otherwise forfe	feited.		OTAL A	
A Method of Payment/ one authorization for	t/Authorizat	ation Form must a	accompany each	order. Only	INSTALLATION & REMOVAL BY UN	Mar. 32	тс	OTAL B**	
regardless of method	of paymen	nt.			MITH ALL ORDER	ED (**\$100 (HAN	GRAPHICS IDLING FEE	
PAYMENT: (please circ		CONTACT OFFICE	FOR WIRE TRAINS	FER INSTRUCTIONS.				OTAL C	
Company Check	rcle one) Master (rcard Visa	a AMEX	Wire Transfe	A material handling fee added to the total if app		тс	OTAL D	
		rear a visa					TC	OTAL E	
Company Street Ac							ı TC	OTAL F	
City							TC	OTAL G	
L								OTAL H	
						 		B TOTAL	
Contact Name						}			
Cell #							10% DISC		******
E-mail Address					<u></u>			RY FEE*	\$250.00
Twitter Handle								IB TOTAL	
Company Instagrar						<u> </u>	8.875% NYC SA	ALES TAX	
MUST INCLU		INLINE BOOTH	H 	X	XSide Wall			TOTAL	
YOUR BOOT	17 #	CORNI BOOTI SIZE	<u>LEFT</u> VER TH	Side Wall	RIGHT		OF \$250.00		



NAME OF SHOW	
BOOTH NUMBER	

METHOD OF PAYMENT / AUTHORIZATION FORM

COMPANY NAME	MOBILE NUMBER				
CONTACT PERSON	E-MAIL				
CREDIT CARD PAYMEN					
	ith Manny Stone Decorators before any goods or services will be provided regardless of your preferred may be provided by e-mailing this form to orders@mannystone.com				
•	st be settled prior to the start of the show set up. Your credit card will be processed for any additional show site and will be processed within 10 days of close of the show.				
No Credit Card on International Ban	ks will be accepted. Please contact our office for wire transfer instructions.				
This form is to be completed by an au	thorized representative of the exhibiting company.				
CREDIT CARD AUTHO Please complete the information belo	PRIZATION ow and submit with your order. Incomplete and/or unsigned forms cannot be accepted.				
□ MASTERCARD □ V	ISA AMERICAN EXPRESS				
ACCOUNT NUMBER					
EXPIRATION DATE/	SECURITY CODE (M/C and Visa 3 digit code back of card • AMEX 4 digit code front of card)				
CARDHOLDER NAME (PLEASE PRINT)					
BILLING ADDRESS					
CITY	STATE ZIP CODE				
show order to the address below or	y credit card processing fees, please send a check payable to Manny Stone Decorators for your entire pre- contact our office for wire transfer information. Please indicate your preferred form of payment for your d charges are subject to a 4% credit card processing fee.				
lacksquare Charge my credit card in the amount	unt of \$ (plus an additional 4% credit card processing fee)				
☐ Enclosed is a check in the amount	t of \$				
lacksquare Wire transfer to be submitted in the	he amount of \$ (please contact our office for wire transfer instructions)				
By utilizing this form, exhibitors acknow	ledge that they have read and agree to comply with the terms of the Method of Payment/Authorization Form.				
AUTHORIZED SIGNATURE					
ALITHODIZED NAME (DIEACE DRIVE)	Data				



ADDENDUM =

www.mannystone.com

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Show Name:		
Show Opening Date:		
Cancellation for any reason other than	Covid:	
(MSD). The remaining fifty (50%) of the or	d price, shall be forfeited by client and retain rder form price may be applied to a future ser form applies or otherwise forfeited. There	show within twelve (12) months
Cancellation due to Covid:		
If said show is cancelled or postponed by before the 45 day period prior to the oper	/ Show Management or as mandated by go ning date of the scheduled show:	overnmental authority on or
• • • • • • • • • • • • • • • • • • • •	ontracted price shall be forfeited by client a refunded to client within ten (10) days of qu	
45 day period prior to the opening date of Fifty (50%) percent of the total contractors	y Show Management or as mandated by go f the scheduled show: ed price shall be forfeited by client and reta to client within ten (10) days of qualified ca	ained by MSD, and the balance
Company Name		
Company Street Address		
City	State	Zip
Phone #	Cell #	
Email Address		
Print Name:	Title:	

Signature: _____ Date: ____