

SEND COMPLETED FORMS TO: [NAISHA KHANNA](mailto:NAISHA.KHANNA@LANGESHOW.COM) | 905-362-1290 | [SALES@LANGESHOW.COM](mailto:SALES@LANGESHOW.COM)

## TIME SAVER PAYMENT FORM

SECURITY CANADA CENTRAL, 2025 - TORONTO CONGRESS CENTRE - SOUTH BUILDING - OCTOBER 22 - 23, 2025

IF YOU ARE ORDERING MULTIPLE LANGE SERVICES, SAVE TIME BY USING THIS FORM FOR THE METHOD OF PAYMENT INFORMATION

- 1) COMPLETE THE EXHIBITING COMPANY INFORMATION SECTION ON EACH LANGE SERVICE FORM.
- 2) COMPLETE THE CALCULATION ON EACH LANGE SERVICE FORM.
- 3) SIGN EACH ORDER FORM AND ATTCH TO THIS FORM.

EXHIBITING COMPANY:	PHONE:	BOOTH #(S):
CONTACT NAME:	EMAIL ADDRESS:	

SERVICE (S)	ORDER FORM TOTALS INCLUDING TAXES
TRANSPORTATION	
ADVANCE SHOW RECEIVING	
AFTER SHOW RECEIVING	
MATERIAL HANDLING	
SPECIAL FORKLIFT	
SECURITY CAGE	
ELECTRICAL	
SISPENTION SIGN	
OTHER ( PLEASE SPECIFY)	
TOTAL	

### PAYMENT OPTIONS

☐ VISA\* ☐ MASTERCARD\**\*ORDERS MUST BE PREPAID IN FULL INCLUDING TAX. ORDERS MUST BE CANCELLED OCTOBER 3RD, 2025 TO BE CONSIDERED FOR REFUND.*

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**

IT IS THE EXHIBITORS RESPONSIBILITY TO ENSURE THAT THEY HAVE INSURANCE ON THEIR MATERIAL WHILE IN THE POSSESSION OF LANGE TRANSPORTATION. LANGE ONLY PROVIDES A LIMITED LIABILITY FOR DAMAGES AS OUTLINED ON THE REVERSE.