

**SEND COMPLETED FORMS TO: NAISHA KHANNA | 905-362-1290 | SALES@LANGESHOW.COM**

## TIME SAVER PAYMENT FORM

**CANADIAN POOL & SPA CONFERENCE & EXPO  
NIAGARA FALL CONVENTION CENTRE**

DECEMBER 2 - 3, 2026

**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)	WO ( TO BE ADDED BY LANGE TEAM)	ORDER FORM TOTALS INCLUDING TAXES
TRANSPORTATION		
ADVANCE SHOW RECEIVING		
AFTER SHOW RECEIVING		
IN BOOTH FORKLIFT		
LABOR		
TABLES		
CHAIRS & CARPET		
STANCHIONS & ACCESSORIES & DISPLAY ITEMS		
SHOW SPECIAL		
SPECIALITY FURNITURE		
EXTRA ( EXPLANATION)		
<b>TOTAL</b>		

### CREDIT CARD AUTHORIZATION FORM

**PAYMENT OPTIONS** VISA\*     MASTERCARD\*

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 SERVICES FOR THIS SHOW ARE PRE - PAID**

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.

**SEND COMPLETED FORMS & QUOTE REQUESTS TO:****NAISHA KHANNA | (905) 362 1290 | SALES@LANGESHOW.COM**