

SITE TAGGING & TESTING

Event Code: _____ Stand No: _____

Client: _____

Contact person: _____

Address: _____

Phone: _____ Date: ____ / ____ / ____

Mobile: _____

Test Date	Description	Tag No	Next Test Due By	License No	Initial
				14228	
				14228	
				14228	
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				14228	
				14228	
				14228	
				14228	
				14228	

I agree and understand that I will be invoiced at the rate of:

- \$20 (plus GST) for the first item
- \$15 (plus GST) for the second item
- \$10 (plus GST) for each and every subsequent item.

Signed _____ Date: ____ / ____ / ____