

Showcase Order Form

VU Case Rentals, Inc.

Show Name: _____

Show Date: _____

Location: _____

P.O. Box: 72193

Roselle, IL 6017

Office: 630-766-7443

Fax: 630-351-6088

Web: www.vucase.com

Email: orders@vucase.com

Style	Showcase Description	Length	Color		Quantity	Cost	Total
			Gray	Black			
Full Vision Case	Includes 1 - 10" and 1 - 8" shelf with adjustable brackets and a 26" glass display front	4'				\$280.00	
		5'				\$280.00	
		6'				\$280.00	
Half Vision Case	Includes 1 - 10" shelf with adjustable brackets and a 18" glass display front	4'				\$280.00	
		5'				\$280.00	
		6'				\$280.00	
Quarter Vision/ Jeweler's Case	Has a 12" glass display front	4'				\$280.00	
		5'				\$280.00	
		6'				\$280.00	

All of the above showcases are 20"D x 38"H with off-white interior, brushed aluminum frames and storage below the case. The cases also include fluorescent lights and lockable sliding mirrored doors. Black Cases have a pure white interior. If showcase color is not clearly marked, you will be given gray showcases.

4', Corner, and Black Cases are in limited supply and customers will be notified if we cannot fulfill their order.

Corner Case	Rear access, with glass shelves, the same as the above cases	Full				\$345.00	
		Half				\$345.00	
		Quarter				\$345.00	
Wall Case	Dimensions are 48"L x 20"D x 72"H and include 4 - 12" glass shelves, adjustable brackets, fluorescent lighting, and 60" high sliding glass doors	Solid		N/A		\$345.00	
		See-thru		N/A		\$345.00	
Tower Case	Dimensions are 20L x 20D x 80"H with 3 adjustable shelves, lights and lockable door					\$355.00	

General Terms and Conditions:

We are not Liable for content, damage, breakage and general liability after the cases have been delivered.

We are not responsible for setting up shelves or supplying extension cords. Electrical hookup is not included. Please contact the electrical contractor.

There is a 100% cancelation fee and a \$100 per case charge for late orders and changes made at show site or after the cases have been delivered. A \$10 fee will be assessed for keys that are not returned.

Delivery charges may apply

Sub Total

Delivery

Total

Company Name: _____

C.C. Billing Address: _____

City / State: _____

C.C.#(AMEX, Visa, M/C): _____

Name on Card: _____

Email: _____

Booth #: _____

Zip Code: _____

Fax#: _____

Phone#: _____

Exp. Date: _____

Security Code: _____

Date Ordered: _____