



Please send to:

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24 HOURS ELECTRICITY REQUEST

FORM

4

Exhibition:

Tel:

Company name:

Fax:

Contact Person:

Address:

E - mail:

Please mark the list if you wish to order the following:

| DESCRIPTION | CAT. # | PRICE/ UNIT IN \$US | PRICE/ UNIT IN € EURO | NO. OF UNITS | TOTAL |
|----------------------|--------|---------------------------|-----------------------------|--------------------|-------|
| 24 hours electricity | 507 | 121.00 | 89.00 | | |
| | | | | | |
| | | | | GRAND TOTAL | |

Signature: X _____