

# SCHEDULE ONE PARTIES AND SIGNATORIES TO THE AGREEMENT



The Parties and Signatories to the Agreement of these Terms and Conditions are:

Showjumping Hawke's Bay Inc. and having its registered office at 405 Kings Street, Hastings

AND

\_\_\_\_\_ and having its registered office (if applicable) at:

\_\_\_\_\_

Signed on behalf of

Trade Exhibitor

*Showjumping Hawke's Bay Inc.*

\_\_\_\_\_

\_\_\_\_\_

Signature of authorized person

Signature of authorized person

Name of authorized person

Name of authorized person

Date

\_\_\_\_\_

# SCHEDULE TWO TRADE APPLICATION FORM



**Please complete and return by 30 September 2011 with \$600 deposit**

**Please complete by specifying three preferences**

Preference	Trade Site No(s)	Total Area	Total Costs
First			
Second			
Third			
Power Required	YES <input type="checkbox"/> NO <input type="checkbox"/>	Sharing with:	
Sharing a Site	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Principle Products Sold			

All stated prices are GST exclusive.

**Trade Site Name:** \_\_\_\_\_  
 Name of Contact Person: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Invoicing purposes:**  
 Company: \_\_\_\_\_  
 Postal Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Signed on behalf of:**  
 \_\_\_\_\_  
 Company Name \_\_\_\_\_ Signature of authorized person \_\_\_\_\_  
 Date \_\_\_\_\_ / \_\_\_\_\_ /201 \_\_\_\_\_  
 \_\_\_\_\_ Name of authorized person \_\_\_\_\_

**Return to:** Horse of the Year  
 PO Box 7272  
 Taradale  
 Napier  
  
 Telephone (06) 844-8714  
 Fax (06) 844-8716  
 Email admin@event-pro.co.nz

Office Use Only	SP _____
Deposit Date	_____
Invoice No	_____
H&S Returned	Yes/No
Full Payment	_____

# SCHEDULE THREE SHARED TRADE SITE CONFIRMATION FORM



Please complete and return by 30 September 2011 with \$50 +GST share deposit.

**Principle Traders Name:** \_\_\_\_\_

\_\_\_\_\_  
Signature of authorized person

\_\_\_\_\_  
Date:

## **Shared Exhibitors details:**

**Main products sold:** \_\_\_\_\_

**Trade Site Name:** \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### **Invoicing if separate from Principle**

Percentage to be invoiced (please circle):                      25%                      33%                      50%                      Other \_\_\_\_\_

Company: \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

### **Shared Trade Site Signed on behalf of:**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature of authorized person

Date \_\_\_\_\_ / \_\_\_\_\_ / 201

\_\_\_\_\_  
Name of authorized person

### **To be returned with Principle Trade Booking Form**

Horse of the Year  
PO Box 7272  
Taradale  
Napier

Telephone (06) 844-8714  
Fax (06) 844-8716  
Email admin@event-pro.co.nz