

NAME												TEL		
DESPATCH TO							INVOICE TO							
NAME OF SHOW							DATE GOODS REQUIRED					DATE OF EVENT		
CODE	QTY	PLACING	OUTSIDE TIER COLOUR	TIER 2	TIER 3	TIER 4	CLIP	TAPE	PIN	BLOCKED TAIL	LONG TAIL	PRINTING BLOCK	WIDE TAIL	TOTAL COST
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Any oth	Any other instructions											TOTAL		
Any other instructions												}	CARRIAGE	
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