GLOBAL PET EXPO Orange County Convention Center - Orlando, FL March 26-28, 2025



Exhibitor Name:

Booth No.___

Please visit www.atlanticshowcases.com to view all cases offered on order form.

			PRICE EACH	TOTAL	TOTAL
TCS Towers:	Circle: 3000K LED OR 6000K LED	Circle: Black or White		ITEMS	
TCS 2020 Tower			\$800.00		
TCS 1639 Tower			\$900.00		
TCS 1651 Tower			\$950.00		
2030 Museum			\$800.00		
2020 Museum			\$800.00		

ELITE CASES Circle: Black or White		4'	5′	6'		
Elite Full Vision					\$950.00	
Elite Half Vision					\$950.00	
Elite Quarter Vision					\$950.00	
	Full Vision		alf ion	Quarter Vision		
Elite Corner Case – 39" Sq. Only					\$950.00	

CLASSIC CASES	Black Only	4'	5′		6'		
Classic Half Vision						\$850.00	
Classic Quarter Vision						\$850.00	
		Half Visio	n C	Quarter	Vision		
Classic Corner Case - 34" Sq. Only						\$850.00	

PREMIUM ALUMIMUM CASES White Only	4'	5′	6']	
Premium Full Vision				\$850.00	
Premium Half Vision				\$850.00	
Premium Quarter Vision				\$850.00	
Premium Corner Cases – 36" Sq.	Quar	ter Vision On	ly	\$850.00	
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STANDARD CASES Circle: Black or White	4'	5′	6'		
Standard Full Vision				\$750.00	
Standard Half Vision				\$750.00	
Standard Quarter Vision				\$750.00	
Standard Corner Case – 34" Sq. Only	Half Vision Only			\$750.00	
Standard Wall Case				\$1000.00	
Standard See-Thru Case				\$1050.00	
Standard 2020 Tower				\$800.00	
				Subtotal	
	100		AFTED A		

IF ORDERED AFTER 3/3/25 ADD \$100.00 PER CASE

6.5% Sales Tax

TOTAL

Email, Fax or Mail orders to: Atlantic Rentals - 301 Essex Road - Tinton Falls, NJ 07753 732-922-8958 - Fax: 732-922-8951 - info@atlanticshowcases.com



Side Wall of Booth

Exhibitor Name:

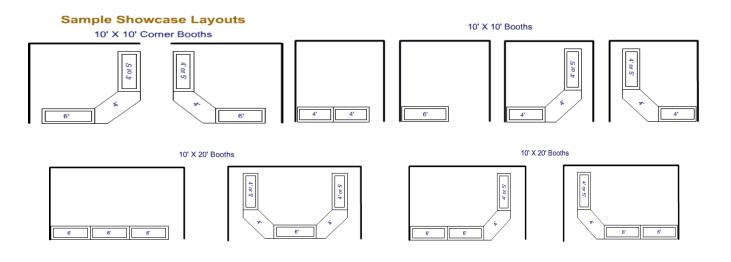
_Booth Number:_____

Placement of Showcases

Back Wall of Booth

Side Wall of Booth

Booth Opening



Submit Orders to: Atlantic Rentals and Sales, Corp. 301 Essex Road ♦ Tinton Falls, NJ 07753 ♦ Phone 732.922.8958 ♦ Fax 732.922.8951 Email: <u>info@atlanticshowcases.com</u> ♦ Website: atlanticshowcases.com



Exhibitor Name:

_____Booth Number:_____

PAYMENT INFORMATION

Visa/Mastercard/Discover/American Express

Cardholder's Name: Billing Address:	
Credit Card Number:	
Expiration Date:	CVN:
Email:	
	Total Due:
	Date of Sale:
0 0 ;	cardholder. Cardholder acknowledges receipt of goods and/or services in grees to perform the obligation set forth in the Cardholder's agreement with issuer.
Authorized Signature	Date
	DISCLAIMER
warranty the safe	display purposes only. We do not ty thereof. We are not liable for or breakage after cases have been

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delivered.