SUN n' FUN Lakeland Linder International Airport Lakeland, FL April 9-14, 2024



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						\$850.00	
Elite Half Vision					\$850.00		
Elite Quarter Vision					\$850.00		
		Full Vision		alf ion	Quarter Vision		·
Elite Corner Case – 39" Sq. Only					\$850.00		

CLASSIC CASES	Black Only	4'	5′	6'		
Classic Half Vision					\$750.00	
Classic Quarter Vision					\$750.00	
		Half Visio	n Qu	arter Vision		
Classic Corner Case - 34" Sq. Only					\$750.00	

PREMIUM ALUMIMUM CASES White Only	4'	5′	6'		
Premium Full Vision				\$750.00	
Premium Half Vision				\$750.00	
Premium Quarter Vision				\$750.00	
Premium Corner Cases – 36" Sq.	Quar	ter Vision On	ly	\$750.00	

STANDARD CASES Circle: Black or White	4'	5′	6'		
Standard Full Vision				\$650.00	
Standard Half Vision				\$650.00	
Standard Quarter Vision				\$650.00	
Standard Corner Case – 34" Sq. Only	Half Vision Only			\$650.00	
Standard Wall Case				\$1000.00	
Standard See-Thru Case				\$1050.00	
Standard 2020 Tower				\$800.00	
				Subtotal	
	IF O	RDERED A	FTER 3/15	/24 ADD \$100.00 PER CASE	
				7% Salas Tax	

7% 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:** 

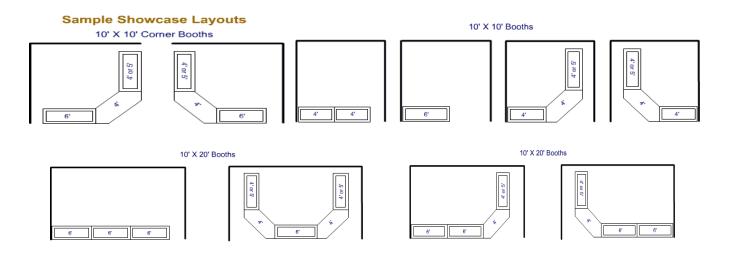
\_Booth Number:\_\_\_\_\_

## **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:
ë ë ;	ed cardholder. Cardholder acknowledges receipt of goods and/or services in d agrees to perform the obligation set forth in the Cardholder's agreement with issuer.
Authorized Signature	Date
	DISCLAIMER
	or display purposes only. We do not ety thereof. We are not liable for

delivered.

contents, damage or breakage after cases have been