

ALLY PALLY Antiques & Collectors Fair 2022 BOOKING FORM

To reserve your existing Pitch, postal bookings must be made before 5th December 2021.

Those received after this date will be placed at our discretion.

No telephone bookings will be accepted before 12th December 2021. IACF's standard terms and conditions apply.



ARE YOU LOOKING FOR A WEBSITE FOR YOUR BUSINESS?

3 Months FREE for IACF Stallholders

If you would like further information please tick this box

SUNDAY 4 SEPTEMBER

1. Table Stand (2.75m x 2m)	£147	1	£	
2. Double Table Stand	£264	2	£	
3. Furniture Pitch (3m x 4m)	£277	3	£	
4. Double Furniture Pitch	£480	4	£	
5. Extra Table	£12	5	£	
6. Power Socket	£72	6	£	
TOTAL £				

OFFICE USE ONLY

Unloading Area:

Parking Area:

All prices include VAT at 20%.

TOTAL £

Please date cheque 04/08/22*
Cards will be debited on 04/08/22
Cash received

*CHEQUES NOT ACCEPTED WITHIN 14 DAYS OF THE FAIR

Return completed booking form to:

IACF International Antiques & Collectors Fairs, P.O. Box 100, Newark, Notts, NG24 1DJ
together with a cheque made payable to: **IACF**

Please ensure that you write individual cheques for each fair.

Alternatively, if you wish to pay by card, please ensure that you fill in your credit/debit card details and sign the form as indicated above.

IACF International Antiques & Collectors Fairs, P.O. Box 100, Newark, Notts, NG24 1DJ
Tel: +44 (0)1636 702326
www.iacf.co.uk
Vat No: 914 9261 18

PLEASE COMPLETE IN BLOCK CAPITALS

Mr Mrs Initials Surname
 Miss Ms

Company Name

Address

Post Code

Type of Stock
MUST BE COMPLETED

To receive further information from IACF International Antiques & Collectors Fairs and other responsible organisations, please tick this box.

*Please provide a mobile number so IACF can contact you regarding urgent matters in relation to weather or road situations.

Tel *Mobile

Email Existing Pitch No.

MANDATORY. If the name on the card is the same as the name on this booking, tick here.
If not complete the box on the reverse of this form.

Signature Date

Credit / Debit No.

Please indicate payment type

Valid From Expiry Date
Visa Mastercard

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By completing this form you are agreeing to the terms and conditions of IACF details are available in the Stallholders booking pack or on request.

ONLY TO BE USED IF THE NAME ON THE CARD DIFFERS FROM THE NAME ON THIS BOOKING.

Name	<input type="text"/>	Notes	<input type="text"/>
Address Line 1	<input type="text"/>		<input type="text"/>
Address Line 2	<input type="text"/>		<input type="text"/>
Address Line 3	<input type="text"/>		<input type="text"/>
City	<input type="text"/>		<input type="text"/>
Country	<input type="text"/>		<input type="text"/>
Post Code	<input type="text"/>		<input type="text"/>

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