



BEDFORD CORN EXCHANGE
CENTRAL BOX OFFICE CONTRACT



Organisation:

Contact Name: Tel No:

Address:

.....

Event Title:

Venue: Event Type:
e.g. Drama, Classical, Comedy etc

Date(s) of Event: Approx duration:

Start time(s): Ticket prices:

Seating Plan - *reserved/unreserved Notes:
[delete as appropriate]

No. of tickets to be sold Total seating required/available if
By Central Box Office: different from CBO Allocation:

**(For events within Bedford Corn Exchange complex this should be at least 25%
of the total seats available.)**

Date tickets to go on sale:

Name of payee:

(This should be the account name that the money will be paid into)

Method of Payment Cheque/BACS* (* delete as appropriate)

Address for payment to be sent to:

.....

Person(s) authorised to issue Guest Tickets:

I have read and understood the terms and conditions as laid down by Bedford Corn Exchange.

Signed: Date:

This form must be returned to us at least 6 weeks prior to the event unless previously agreed with us. If you need assistance to complete this form please contact us.

For Office Use Only

Event Code:

Price Code:

Ticket Wording:

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How would you like to be informed of patron details and any uncollected tickets? Please tick the appropriate box.

(a) Will collect patron seating details in person, before close of business, on day of performance(s)

(b) Would like details faxed at close of business on day of performances
Please give fax number:

(c) Will phone Box Office before close of business, on day of performance (this will only apply to shows where the Central Box Office has an allocation of 50 seats or less)

(d) Please e-mail seating list to:

(e) Other, please specify:

.....
.....

N.B. When a performance is on a Sunday, the choices above will apply to the Saturday. If you require details before close of business on the day of the performance please indicate your preferred time. Once these details have been provided our staff will stop selling tickets and advise patrons to purchase them on the door.

**BEDFORD CORN EXCHANGE
CHEQUE/BACS PAYMENT DETAILS**

Method of Payment Cheque/BACS* (* delete as appropriate)

Payee's Name:
(This should be the account name that the money will be paid into)

Payee's Address:
.....
.....

Payee's Telephone Number:

Payee's Fax Number:

Payee's E-mail Address:

Address to send remittance advice to if different from above:
.....
.....

Bank Details

Bank Name:

Address:
.....
.....

Account Name:

Account Number: Sort Code:

Signature: Date: