

Order form

Discount rate event tickets on single-charge cards, valid for 1-7 days

Event tickets are regional tickets valid in Helsinki, Espoo, Kauniainen and Vantaa. Send the completed, printed and signed off form to: HSL, Yritysmyynti, PL 104, 00077 HSL.

Details of the event and the organizer:

Name of the event	Date of event (start and finish date) = validity period of tickets (1-7 days)
City/town	
Organizer's name	Business ID
Organizer's invoicing address	Phone number
Organizer's contact person	Deputy

Order details:

The Executive Board of HSL sets the prices of discount rate event tickets annually when setting other ticket prices.

<p>The event will be held in Helsinki</p> <p>We order _____ day regional adult tickets (basic price for one day €6.50, additional day €3.25)</p> <p>We order _____ day child tickets (basic price for one day €3.20, additional day €1.63)</p> <p style="text-align: right;">Total price _____</p> <hr/> <p>The event will be held in Espoo, Kauniainen or Vantaa</p> <p>We order _____ day regional adult tickets (basic price for one day €7.60, additional day €3.74)</p> <p>We order _____ day child tickets (basic price for one day €3.80, additional day €1.89)</p> <p style="text-align: right;">Total price _____</p> <hr/> <p>Text to be printed on the cards (optional). The text can be up to 2 lines, 40 characters/line. The text submitted here cannot be changed afterwards.</p> <p>1st line: _____</p> <p>2nd line: _____</p>	<p>Method of payment</p> <p>Invoicing</p> <p>Terms of payment: 14 days net + penalty interest</p> <hr/> <p>Delivery of tickets</p> <p>Pick up from HSL's service point in Pasila, Opastinsilta 6Aa, street level, Itä-Pasila.</p> <p><input type="checkbox"/></p> <p>Desired pick up date: _____</p> <p><input type="checkbox"/> Delivery to the address below:</p> <p>Please note, A service fee of EUR 10 will be added. Delivery within two (2) weeks from the order.</p> <hr/> <p>Terms of delivery:</p> <p>Once bought, event tickets will not be refunded.</p> <p>The order is binding.</p>
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Details of the invoice issuer:

Invoice issuer: HSL Helsinki Region Transport, PO Box 100, 00077 HSL
 Business ID: 2275683-3
 Contact details and telephone number: HSL Invoicing, tel. +358 9 4766 4000

We agree with the aforementioned terms of payment of HSL and with the terms of the method of invoicing chosen, and commit ourselves to these terms.

Place and date	Organizer's signature and printed name
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HSL fills in:

Order received: ____ / ____ 20__	Order received by:
Order accepted in Passenger Services Department and forwarded: ____ / ____ 20__	Signature of the Head of Customer Services:
Order confirmed to the client: ____ / ____ 20__	