

TRANSPORTATION ORDER FORM

DEM181

PICK UP INFORMATION	PICK-UP DATE:	PICK-UP TIME:	MAIN INTERSECTION:	CONTACT NAME:	
	PICK-UP COMPANY NAME AND ADDRESS:			PHONE #:	
				FAX #:	
	LOADING DOCK AT PICK-UP: <input type="checkbox"/> Y <input type="checkbox"/> N	TRACTOR TRAILER CAN FIT: <input type="checkbox"/> Y <input type="checkbox"/> N	BLANKETS/STRAPS: <input type="checkbox"/> Y <input type="checkbox"/> N	E-MAIL:	
	# OF PIECES:	WEIGHT:	DIMENSIONS:		
SPECIAL INSTRUCTIONS:					

SHOW INFORMATION	ONTARIO DEMCON 2018	TORONTO INTERNATIONAL CENTRE - CONFERENCE CENTE 6900 AIRPORT RD MISSISSAUGA, ON L4V 1E8	October 3 – 4, 2018
	EXHIBITING COMPANY:	SHOW SITE CONTACT:	BOOTH #:
	MOVE IN DATE:	MOVE IN TIME:	MOVE OUT DATE:

DELIVERY AFTER SHOW	DELIVERY DATE:	MAIN INTERSECTION:	CONTACT NAME:	
	SHIP TO NAME AND ADDRESS:		PHONE #:	
			FAX #:	
	LOADING DOCK AT DELIVERY: <input type="checkbox"/> Y <input type="checkbox"/> N	TRACTOR TRAILER CAN FIT: <input type="checkbox"/> Y <input type="checkbox"/> N	BLANKETS/STRAPS: <input type="checkbox"/> Y <input type="checkbox"/> N	E-MAIL:
	# OF PIECES:	WEIGHT:	DIMENSIONS:	
SPECIAL INSTRUCTIONS:				

VALUATION COVERAGE -> PLEASE INDICATE A ZERO DOLLAR AMOUNT WITH SIGNATURE IF YOU DO NOT REQUIRE ADDITIONAL VALUATION COVERAGE.
 I require valuation coverage on my goods while in the possession of Lange Transportation & Storage Ltd. A claim would be based upon the landed wholesale cost of my goods \$_____. The rate for this coverage is 2% of the declared value of the materials being insured (charged separately for move-in and move-out) with a \$20.00 minimum charge each way and a \$50.00 deductible*. Otherwise, please just use released valuation coverage at no additional cost to me. Released valuation coverage in case of loss, damage etc. is \$0.50 per pound. Maximum released liability cannot exceed \$50.00 per piece count or total shipping charge from origin to destination.
 *Please note for extra valuation, the maximum dollar value we can offer may be capped at \$5.00 per pound (i.e. if your shipment weighs 2,000lbs the maximum extra valuation coverage you can purchase is \$10000.00). You must receive confirmation in writing if you wish to exceed the \$5.00 per pound cap.
SIGNED: _____ **PRINT:** _____ **TITLE:** _____

CHEQUE ENCLOSED **PAYABLE TO LANGE TRANSPORTATION AND STORAGE LTD.** MASTERCARD VISA

CREDIT CARD NO: _____ CARD EXPIRY DATE: MONTH: _____ YEAR: _____

AUTHORIZED SIGNATURE: _____ PRINT: _____

PAYOR NAME AND ADDRESS

OUR INVOICE/RECEIPT WILL BE SENT ELECTRONICALLY.
PLEASE PROVIDE US WITH THE APPROPRIATE EMAIL ADDRESS: _____

COMPANY: _____ PURCHASE ORDER #: _____

ADDRESS: _____ CITY: _____

PROV/STATE: _____ POSTAL/ZIP CODE: _____ PHONE #: _____ FAX #: _____

ALL CUSTOMERS WITHOUT AN ESTABLISHED ACCOUNT WITH LANGE MUST PREPAY BY CREDIT CARD OR CHEQUE

CUSTOMER SIGNATURE: _____ **PRINT:** _____ **TITLE:** _____