

# TRANSPORTATION ORDER FORM

**PCT191**

<b>PICK UP INFORMATION</b>	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:				

<b>SHOW INFORMATION</b>	PRI-MED CANADA 2019	The International Centre – Hall 2 6900 Airport Road Mississauga, ON L4V 1E8	May 9 – 11, 2019
	EXHIBITING COMPANY:	SHOW SITE CONTACT:	BOOTH #:
	MOVE IN DATE:	MOVE IN TIME:	MOVE OUT DATE:

<b>DELIVERY AFTER SHOW</b>	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 <input type="checkbox"/>	<b>PAYABLE TO LANGE TRANSPORTATION AND STORAGE LTD.</b>	MASTERCARD <input type="checkbox"/>	VISA <input type="checkbox"/>
CREDIT CARD NO: _____	CARD EXPIRY DATE: MONTH: _____	YEAR: _____	
SECURITY CODE / CVV: _____			
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: \_\_\_\_\_