Expo Logistics Group

ORDER FORM

TRADE SHOW BOOTH NUMBER

EXHIBITOR NAME

Check all that apply: **CUSTOMS CLEARANCE** **FREIGHT TRANSPORTATION** ☐ **ADVANCE WAREHOUSE**

PICK UP ADDRESS

CITY STATE/PROV ZIP/POSTAL CODE

CONTACT NAME

TELEPHONE FAX

EMAIL Expo Logistics Group Quotation #

PICK UP DATE PCS WEIGHT **LBS** KGS

DIMENSIONS (of all pcs)

INSURANCE FOR $ DELIVERY CARRIER

RATES FOR INSURANCE (PER DIRECTION) ARE $3.50 / $1000.00 MINIMIUM CHARGE $75.00, $250.00 DEDUCTIBLE

SPECIAL HANDLING INSTRUCTIONS (lift gate, inside pick up, flat deck, etc)

PAYMENT OPTIONS PAYMENT IN ADVANCE BY WIRE TRANSFER

PAYMENT IN ADVANCE BY CREDIT CARD (VISA, M/C, AMEX ACCEPTED)

CARD HOLDER

CARD NUMBER EXPIRY DATE

CARD HOLDER SIGNATURE SECURITY CODE

INVOICE ADDRESS

CITY STATE/PROV TELEPHONE

ATTENTION POSTAL/ZIP EMAIL

I/WE HERBY AUTHORIZE EXPO LOGISTICS GROUP. AND THEIR AGENT TOACT ON OUR BEHALF REGARDINGCUSTOMS CLEARANCE, FREIGHT FORWARDING, ADVANCE RECEIVINGFOR THE ABOVE MENTIONED TRADE SHOW, AND AGREE TO PAYMENT OF EXPO LOGISTICS GROUP CHARGE

RETURN SHIPMENT: **CARRIER TO BE USED IF NOT EXPO LOGISTICS GROUP**

Check all that apply: **CUSTOMS CLEARANCE** **FREIGHT TRANSPORTATION**

☐ RETURN TO PICK-UP ADDRESS **OR** OTHER ADDRESS

PCS

WEIGHT LBS KGS

REQUIRED DATE:

IF RETURNING TO USA, WE **NEED** YOUR IRS BUSINESS TAX ID#:

To be completed on show site with Expo Logistics Group staff member:
I am confirming that the above outbound instructions are accurate. Any changes have been noted.

Print Name Signature Expo Logistics Group Initials