TRANSPORTATION ORDER FORM CRF171

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: ☐ Y ☐ N	TRACTOR TRAILER CAN FIT: ☐ Y ☐ N	BLANKETS/STRAPS: ☐ Y ☐ N	E-MAIL:
# OF PIECES:	WEIGHT:	DIMENSIONS:	
SPECIAL INSTRUCTIONS:			

SHOW INFORMATION

RESTAURANT CANADA SHOW	**The Enercare Centre 100 Princes' Blvd. Toronto, ON M6K 3C3**	**February 26 – February 28, 2017**
EXHIBITING COMPANY:	SHOW SITE CONTACT:	BOOTH #:

MOVE IN DATE:	MOVE IN TIME:	MOVE OUT DATE:	MOVE OUT TIME:

DELIVERY AFTER SHOW

DELIVERY DATE:	MAIN INTERSECTION:	CONTACT NAME:
SHIP TO NAME AND ADDRESS:		PHONE #:
		FAX #:
LOADING DOCK AT DELIVERY: ☐ Y ☐ N	TRACTOR TRAILER CAN FIT: ☐ Y ☐ N	BLANKETS/STRAPS: ☐ Y ☐ 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:** _____