



ASSOCIATION LOGISTICS SERVICES TRADESHOW RATE QUOTE/SHIPPING ORDER FORM

Date

GENERAL INFO

Company _____ Email _____ Booth # _____
 Phone _____ Fax _____ Contact _____
 Exhibitor Name If Different From Co. Name _____

PICKUP INFORMATION

Ship Date _____ Target Move-In Date _____ Move-Out Date _____
 Street Address _____ City _____ State _____ Zip _____

DELIVERY OPTIONS

- Ship to the **Show Warehouse**
- Ship directly to **Show Site**
- To & From Show
- Return Only

TYPE OF SERVICE

Truckload

- Van-48
- Van-53
- Air-Ride
- Flatbed
- Other

Less Than Truckload

- Standard
- Expedited

Air/Premium:

- Specify _____

Van Line Padded:

- Less Than Truckload
- Truckload

Comments or Special Needs On Load _____

WEIGHT AND DIMENSIONS COMMODITY

Final rate subject to correct weight and dimensions. Please list each piece.

Commodity	Crated	Dimensions in Inches			Weight
	<input type="checkbox"/> Yes <input type="checkbox"/> No	L	W	H	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	L	W	H	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	L	W	H	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	L	W	H	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	L	W	H	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	L	W	H	
Total Pieces	<input type="checkbox"/> Yes <input type="checkbox"/> No				Total Weight

CHARGES

Flat Rate _____ FREE Time Loading/Unloading _____ Quote Expiration Date _____
 Fuel Surcharge _____ Rate Per Hour After FREE Time _____

Signed Authorization _____

Acceptance _____

TERMS AND CONDITIONS AVAILABLE UPON REQUEST OR AT WWW.ASSOCIATIONLOGISTICS.COM

CREDIT CARD AUTHORIZATION

All information must be provided. Credit card information must be on file prior to pickup.

Account # - - - Expiration Date

Type Corporate Personal Description Mastercard VISA American Express

Cardholder's Name _____ Signature **X** _____

Billing Address _____

City _____ State _____ Zip _____ Country _____