

# Transportation Services Order Form

PICKUP ADDRESS		
COMPANY NAME	_____	
IRS #	_____	
ADDRESS	_____	
ADDRESS	_____	
ADDRESS	_____	
CITY	STATE PROV	ZIP/ POSTAL
CONTACT	_____	
PHONE #	FAX _____	

DELIVERY ADDRESS		
COMPANY NAME	_____	
SHOW NAME	CAMA - CBWA	BOOTH # _____
FACILITY	Blue Mountain Resort - Village Conference Centre	
ADDRESS	_____	
ADDRESS	_____	
CITY	STATE PROV	ZIP/ POSTAL
ON SITE CONTACT	_____	
CELL PHONE #	_____	

BILL TO		
COMPANY NAME	_____	
ADDRESS	_____	
ADDRESS	_____	
CITY	STATE PROV	ZIP/ POSTAL
CONTACT	_____	
PHONE #	FAX _____	

RETURN FREIGHT		
COMPANY NAME	_____	
ADDRESS	_____	
ADDRESS	_____	
CITY	STATE PROV	ZIP/ POSTAL
CONTACT	_____	
PHONE #	_____	

TERMS OF PAYMENT AND SECURITY DEPOSIT – MUST BE COMPLETED			
<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> AMEX	<input type="checkbox"/> CORPORATE CARD
		<input type="checkbox"/> PERSONAL CARD	
_____		_____	
CARD NUMBER		EXPIRY DATE	
Card Holder _____			
Signature _____		Date _____	
I hereby authorize the use of this credit card for payment of services related to this order form. I understand that declined credit cards are subject to a 30% surcharge.			

SHIPMENT INFORMATION			
Pick Up Date	Time	Delivery Date	Time
_____	_____	_____	_____
<b>TYPE</b>	<b>PIECES</b>	<b>DIMENSIONS (Inches)</b>	<b>WEIGHT (LBS)</b>
Cartons / Boxes	_____	L _____ W _____ H _____	_____
Crates / Fiber Case	_____	L _____ W _____ H _____	_____
Skid / Pallet	_____	L _____ W _____ H _____	_____
Carpet / Other	_____	L _____ W _____ H _____	_____
<b>Total Pieces</b>		<b>Total LBS</b>	
Requested Service Level		<input type="checkbox"/> AIR <input type="checkbox"/> 2 <sup>ND</sup> DAY <input type="checkbox"/> TRUCK	
Additional Services Required		<input type="checkbox"/> LIFT GATE <input type="checkbox"/> INSIDE PICKUP / DELIVERY	

CARGO INSURANCE / DECLARED VALUE	
The declared value of carriage of this shipment is agreed to and understood to be \$0.50 per pound multiplied by the number of pounds for that part of the shipment lost or damaged but not less than \$50.00 per shipment UNLESS a value is declared below and applicable charges paid. Subject to the terms and conditions of the liability of the Forwarder for loss/damage stated below. Cargo insurance will not apply or cover any electronic goods. (Additional fees for Cargo Insurance will apply)	
Do you require additional insurance?	Declared Value \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	

TERMS & CONDITIONS		
This order is placed with the specific understanding that we hereby release Stronco and or agents from all liability for loss, damage and or theft to our merchandise and property, no matter how caused, and we have insured all such properties being handled. 1) Stronco shall not be responsible for damage to uncrated materials, improperly packaged or concealed damage. 2) Stronco will not be responsible for any loss/damage/delay due to fire, acts of god, strikes, lockouts of any kind beyond its control. 3) Stronco liability is outlined in the above Cargo Insurance/Declared Value section. Please ensure you are self insured or you must declare a value for carriage and pay the charges applicable for the service. 4) Stronco shall not be liable to any extent whatsoever for the actual, potential or assumed losses or profits or revenues, or for any collateral costs which may result from any loss or damaged to an exhibitors materials which make it impossible or impractical to exhibit same. 5) Each exhibitor is responsible to declare all hazardous materials and abide by all Federal, Provincial, State and local laws.		
<b>I have read and agreed to the Terms and Conditions of this contract with Stronco.</b>		
Print Name _____	Signature/Authorization _____	Date _____

