

PICK UP INFORMATION	PICK-UP DATE:	PICK-UP TIME:	MAIN INTERSECTION:	CONTACT NAME:	
	PICK-UP COMPANY NAME AND ADDRESS:			PHONE #:	
				E-MAIL:	
	LOADING DOCK AT PICK-UP: YES NO		TRACTOR TRAILER CAN FIT: YES NO		BLANKETS/STRAPS: YES NO
	# OF PIECES:	WEIGHT:	DIMENSIONS:		
SPECIAL INSTRUCTIONS:					

SHOW INFORMATION	Grocery & Specialty Food West	VANCOUVER CONVENTION CENTRE – EAST 1055 CANADA PLACE VANCOUVER, BC V6C 0C3	April 24 - 25, 2023
	EXHIBITING COMPANY:	SHOW SITE CONTACT:	BOOTH #:
	MOVE IN DATE:	MOVE IN TIME:	MOVE OUT DATE:

DELIVERY AFTER SHOW	DELIVERY DATE:	MAIN INTERSECTION:	CONTACT NAME:		
	SHIP TO NAME AND ADDRESS:		PHONE #:		
			E-MAIL:		
	LOADING DOCK AT PICK-UP: YES NO		TRACTOR TRAILER CAN FIT: YES NO		BLANKETS/STRAPS: YES NO
	# 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:** _____

PAYMENT OPTIONS

CHEQUE PAYABLE TO LANGE TRANSPORTATION AND STORAGE LTD. 500 CARLINGVIEW DR, ETOBICOKE, ON, M9W 5R3

EFT DETAILS PROVIDED UPON REQUEST

INTERAC ETRANSFER PAYABLE TO JOER@LANGESHOW.COM

VISA MASTERCARD *SUBJECT TO 2.4% CREDIT CARD SURCHARGE TO BE APPLIED AT TIME OF PROCESSING*

CREDIT CARD NO: _____ EXPIRY DATE: MM/YY: ____ / ____ CVV: ____

AUTHORIZED SIGNATURE: _____ PRINT: _____

BILLING NAME AND ADDRESS

INVOICE/RECEIPTS SENT ELECTRONICALLY, PLEASE PROVIDE BILLING EMAIL ADDRESS: _____

COMPANY: _____ STREET ADDRESS: _____

CITY: _____ PROV/STATE: _____ POSTAL/ZIP CODE: _____ PHONE #: _____

PURCHASE ORDER NUMBER/REFERENCE: _____

ALL CUSTOMERS WITHOUT AN ESTABLISHED ACCOUNT WITH LANGE MUST PREPAY IN FULL

CUSTOMER SIGNATURE: _____ **PRINT:** _____ **TITLE:** _____