

# TRANSPORTATION ORDER FORM

<b>PICK - UP INFORMATION</b>	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 CAN FIT AT PICK-UP: Y    N	BLANKETS/STRAPS: Y    N	E-MAIL:
	# OF PIECES:	WEIGHT:	DIMENSIONS:	
SPECIAL INSTRUCTIONS:				

<b>SHOW INFORMATION</b>	SHOW NAME:	LOCATION:	DATES:
	EXHIBITING COMPANY:	SHOW SITE CONTACT:	BOOTH #:
	MOVE-IN DATE:	MOVE-IN TIME:	MOVE OUT DATE:

<b>DELIVERY AFTER SHOW INFO</b>	DELIVERY DATE:	MAIN INTERSECTION:	CONTACT NAME:	
	SHIP TO NAME AND ADDRESS:		PHONE #:	
			FAX #:	
	LOADING DOCK AT DELIVERY: Y    N	TRACTOR CAN FIT AT DELIVERY: Y    N	BLANKETS/STRAPS: Y    N	E-MAIL:
	# OF PIECES:	WEIGHT:	DIMENSIONS:	
SPECIAL INSTRUCTIONS:				

**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 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 2,000 lbs the maximum extra valuation coverage you can purchase is \$10,000). You must receive confirmation in writing if you wish to exceed the \$5.00 per pound cap.

**SIGNED:** \_\_\_\_\_ **PRINT:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

MASTERCARD                       VISA                       CHEQUE ENCLOSED                       AMERICAN EXPRESS   
 CREDIT CARD NO: \_\_\_\_\_ CARD EXPIRY DATE: MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_  
 AUTHORIZED SIGNATURE: \_\_\_\_\_ PRINT: \_\_\_\_\_

**PAYOR NAME AND ADDRESS**

COMPANY: \_\_\_\_\_ PURCHASE ORDER #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PROV/STATE: \_\_\_\_\_ POSTAL/ZIP CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

ALL CUSTOMERS WHO DO NOT HAVE AN ESTABLISHED ACCOUNT WITH LANGE TRANSPORTATION WILL HAVE THEIR GOODS RETURNED C.O.D.

**CUSTOMER SIGNATURE:** \_\_\_\_\_ **PRINT:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_