

Quoted

Quote ID ___

For a Quote, please fax this form to 407-867-6202 or mail to: Justine@completexpo.com

For All Shipping Questions, please call 407-832-1800



Company Name:	Contact Name: Fax: Email:				
	Booth Number:				
		PICK-UP II	NFORMATION		
Date of Pick-Up:	,	Your Shipping/Receiv		a.m. to n.m.	
Is this pick-up location: Address of Pick-Up:	Business	Residence	☐ Home Bus	iness	
Pick-up Contact Name: _ IMPORTANT - After Hour		P	none:	Fax:	
Is there a Loading Dock: If No, is this Inside Pick- Will this Pick-Up require Is this Shipment: Ro Comments:	Up:	☐ Pallet Jack☐ One-Way Inbound	nere access to:		airs
		DELIVERY I	NFORMATION		
Date of Delivery: Delivery Address:		☐ Advance Warehou		Show Site	
Show Name:		Exhibitor Name:			Booth #:
<u> </u>	n a Truck Load nt AM (by 12 Noon	Full Truck Loan) Overnight PM	(by 5PM)		-5 Day
List Dioco Doco		inal rate is subject to co	-		Estimated Weight (lbs.)
List Piece Desc	riptions	Length (inches)	Width (inches)	Height (inches)	Estimated Weight (lbs.)
Total Pieces: Total Weight:					t:
Card Number Please enter the Security (ck card type & co # ITE: If paying by check CVV2) Code on your	mplete info below): Dated// c, you are required to provi	□ Visa □ M _ in the amount of \$ _ de a Credit Card Authoriza	asterCard	ment. Exp. Date
Cardholder Name: Cardholder Signature: Billing Address of Cardholder:					
City:				ZIP Code:	
		— OFFICE I	JSE ONLY —		

☐ Caravan___

Carrier _