

SHIPPING ORDER FORM



Material Handling (if applicable) is not included in this service, and will need to be ordered separately.

Section 1: Customer Information

SERVICES REQUIRED: Roundtrip Shipping Inbound Shipping only. Outbound Shipping only.

PICKUP	COMPANY NAME: _____	DATE: _____	BUSINESS HOURS: _____
	ADDRESS: _____	CITY: _____	PROV/STATE: _____
	CONTACT: _____	PHONE: _____	EMAIL: _____
	PICKUP AT: <input type="checkbox"/> LOADING DOCK <input type="checkbox"/> RECEPTION AREA <input type="checkbox"/> RESIDENTIAL	TAILGATE NEEDED? <input type="radio"/> YES <input type="radio"/> NO	
	ADDITIONAL PICKUP NOTES: _____		

DELIVERY	BOOTH NAME: _____	BOOTH #: _____
	VENUE NAME: _____	EVENT NAME: _____
	ADDRESS: _____	CITY: _____
	ON-SITE CONTACT: _____	PHONE NUMBER: _____

Return Address is same as Pickup Address. Return Address is different than Pickup Address.

RETURN	COMPANY NAME: _____	DATE: _____	BUSINESS HOURS: _____
	ADDRESS: _____	CITY: _____	PROV/STATE: _____
	CONTACT: _____	PHONE: _____	EMAIL: _____
	RETURN TO: <input type="checkbox"/> LOADING DOCK <input type="checkbox"/> RECEPTION AREA <input type="checkbox"/> RESIDENTIAL	TAILGATE NEEDED? <input type="radio"/> YES <input type="radio"/> NO	
	ADDITIONAL RETURN NOTES: _____		

Section 2: Shipment Information

Charges will be based on actual weight and dimensions

CUSTOMS REQUIRED FROM GES? YES NO ANOTHER BROKER IS HANDLING CUSTOMS? YES NO

NUMBER OF PIECES:		DIMENSIONS:			ESTIMATED WEIGHT:
_____	CARTONS/BOXES	L _____ in x	W _____ in x	H _____ in	_____ lbs
_____	PLASTIC CASES	L _____ in x	W _____ in x	H _____ in	_____ lbs
_____	WOODEN CRATES	L _____ in x	W _____ in x	H _____ in	_____ lbs
_____	SKIDS/PALLETS	L _____ in x	W _____ in x	H _____ in	_____ lbs
_____	OTHER: _____	L _____ in x	W _____ in x	H _____ in	_____ lbs
_____	TOTAL PIECES	TOTAL WEIGHT:			_____ lbs

Section 3: Payment

Please note that we will be sending you a secure payment link upon quote approval/acceptance. This link is where you can fill in all of your billing information so we can process your payment.

PAYMENT EMAIL: _____

In order for us to commit to your order, you must complete your billing information in the payment link that is sent to you within 24 hours of accepting your quote/shipping order.

I have read and understand the Terms & Conditions of my Agreement with GES.

Signature

Date

Please email our Logistics and Customs Department with your completed order form, and any questions you may have at torontocl@ges.com