

# SHIPPING ORDER FORM



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

## Section 1: Customer Information

<b>SERVICES REQUIRED:</b>		<input type="radio"/> Roundtrip Shipping	<input type="radio"/> Inbound Shipping only.	<input type="radio"/> Outbound Shipping only.
PICKUP	COMPANY NAME:	DATE:	BUSINESS HOURS:	
	ADDRESS:	CITY:	PROV/STATE:	POSTAL/ZIP:
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:	PROV/STATE:	POSTAL/ZIP:	
ON-SITE CONTACT:	PHONE NUMBER: _____			
<input type="checkbox"/> Return Address is same as Pickup Address.		<input type="checkbox"/> Return Address is different than Pickup Address.		
RETURN	COMPANY NAME:	DATE:	BUSINESS HOURS:	
ADDRESS:	CITY:	PROV/STATE:	POSTAL/ZIP:	
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

COMPANY: _____	I hereby authorize use of the following credit card for payment of services relative to this order form.		
ADDRESS: _____	<input type="checkbox"/> MASTER CARD	<input type="checkbox"/> VISA	<input type="checkbox"/> AMEX
CITY: _____ PROV/STATE: _____ POSTAL/ZIP: _____	EXPIRY DATE: _____ / _____ CVV: _____		
CONTACT NAME: _____	CARDHOLDER NAME: _____		
E-MAIL: _____ PHONE: _____	CARDHOLDER SIGNATURE: _____		

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](mailto:torontocl@ges.com)