LANGE TRANSPORTATION ORDER FORM

TRE241

PICK-UP INFORMATION				
PICK-UP DATE:	PICK-UP TIME:	MAIN INTERSECTION:	CONTACT NAME:	
PICK-UP COMPANY NAME AND ADDRESS:			PHONE #:	
			EMAIL:	
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			
TRREB REALTOR QUEST 2024	**TORONTO CONGRESS CENTRE 650 DIXON RD. TORONTO ON, M9W 1J1**	**MAY 15- 16, 2024**	
EXHIBITING COMPANY:	SHOW SITE CONTACT:	BOOTH #:	
MOVE IN DATE:	MOVE IN TIME:	MOVE OUT DATE:	MOVE OUT TIME:

DELIVERY AFTER SHOW			
DELIVERY DATE:	MAIN INTERSECTION:	CONTACT NAME:	
SHIP TO NAME AND ADDRESS:		PHONE #:	
		EMAIL:	
LOADING DOCK AT DELIVERY: 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

OUR INVOICE/RECEIPT WILL BE SENT ELECTRONICALLY
PLEASE PROVIDE US WITH THE APPROPRIATE EMAIL ADDRESS: _____

COMPANY: _____ PO#: _____

ADDRESS: _____ CITY: _____

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

ALL CUSTOMERS WITHOUT AN ESTABLISHED ACCOUNT WITH LANGE MUST PREPAY