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 (905)-362-1290 * 1-800-668-5687 * Fax (905) 362-1285

SPECIAL FORKLIFT SERVICE ORDER FORM
GROCERY & SPECIALTY FOOD WEST
 Vancouver Convention Centre – East
 April 1 – 2, 2019

THIS FORM IS NOT FOR MATERIAL HANDLING. PLEASE COMPLETE THIS FORM IF YOU REQUIRE A FORKLIFT FOR BOOTH WORK, I.E. LIFTING SIGNAGE OR SPOTTING EQUIPMENT – ALL FORKLIFTS ARE TRIPLE STAGE MASTS ONLY.

NOTE: 1. EXHIBITOR MUST REPORT TO SERVICE DESK TO PICK UP FORKLIFT AND OPERATOR. 2. STARTING TIMES CAN ONLY BE GUARANTEED FOR 8:00 AM AND 12:30 PM.

FORKLIFT REQUIREMENTS

EXHIBITING COMPANY:	CONTACT NAME:	PHONE #:	BOOTH #:(S)
		FAX #:	
MOVE-IN:	DATE SERVICE REQUIRED: MTH. DAY YEAR	TIME SERVICE REQUIRED: AM PM	APPROX. HRS. NEEDED:
MOVE-OUT:	DATE SERVICE REQUIRED: MTH. DAY YEAR	TIME SERVICE REQUIRED: AM PM	APPROX. HRS. NEEDED:

QTY	SERVICE	ORDERS REC. PRIOR TO March 8, 2019			ORDERS REC. AFTER March 9, 2019			TOTAL	
		REG TIME \$159.65/HR	OVER TIME \$195.55/HR	DOUBLE TIME \$221.45/HR	REG TIME \$169.95/HR	OVER TIME \$200.85/HR	DOUBLE TIME \$236.90/HR		
	FORKLIFT & OPERATOR	8AM-4PM MON-FRI	4PM-8AM MON-FRI ALL DAY SAT. & SUN.	HOLIDAYS	8AM-4PM MON-FRI	4PM-8AM MON-FRI ALL DAY SAT. & SUN.	HOLIDAYS		
	MAN SAFETY CAGE							\$61.80	
ALL ORDERS ARE SUBJECT TO A ONE-HOUR MINIMUM FOR MOVE-IN AND A ONE-HOUR MINIMUM FOR MOVE -OUT.							SUB-TOTAL		
							5% GST		
							7% PST		
NO ORDERS WILL BE PROCESSED UNTIL PAYMENT IN FULL HAS BEEN RECEIVED HST #R124 192 220 ALL RATES ARE FOR RUN OF SHOW (MAXIMUM 7 DAYS)							TOTAL	\$	

1. Orders must be prepaid in full including tax. Purchase Orders do not qualify as payments. Orders must be cancelled 7 working days prior to first move-in day to be considered for refund.
 2. All discrepancies must be settled on site prior to show move-out. 3. Any claims for services not provided will not be considered after the show closes.

CHEQUE ENCLOSED **PAYABLE TO LANGE TRANSPORTATION AND STORAGE LTD.** MASTERCARD VISA

CREDIT CARD NO: _____ CARD EXPIRY DATE: MONTH: _____ YEAR: _____

AUTHORIZED SIGNATURE: _____ PRINT: _____

PAYOR NAME AND ADDRESS

OUR INVOICE/RECEIPT WILL BE SENT ELECTRONICALLY.

PLEASE PROVIDE US WITH THE APPROPRIATE EMAIL ADDRESS: _____

COMPANY: _____ PURCHASE ORDER #: _____

ADDRESS: _____ CITY: _____

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

ALL CUSTOMERS WITHOUT AN ESTABLISHED ACCOUNT WITH LANGE MUST PREPAY BY CREDIT CARD OR CHEQUE