

# TRANSPORTATION ORDER FORM

**GSF191**

|                       |   |   |   |               |
|-----------------------|---|---|---|---------------|
| PICK UP INFORMATION   | PICK-UP DATE:   | PICK-UP TIME:   | MAIN INTERSECTION:  | CONTACT NAME: |
|                       | PICK-UP COMPANY NAME AND ADDRESS:   |   |   | PHONE #:      |
|                       |   |   |   | FAX #:        |
|                       | LOADING DOCK AT PICK-UP:<br><input type="checkbox"/> Y <input type="checkbox"/> N | TRACTOR TRAILER CAN FIT:<br><input type="checkbox"/> Y <input type="checkbox"/> N | BLANKETS/STRAPS:<br><input type="checkbox"/> Y <input type="checkbox"/> N | E-MAIL:       |
|                       | # OF PIECES:  | WEIGHT:   | DIMENSIONS:   |               |
| SPECIAL INSTRUCTIONS: |   |   |   |               |

|                  |                               |  |                   |
|------------------|-------------------------------|--|-------------------|
| SHOW INFORMATION | GROCERY & SPECIALTY FOOD WEST | VANCOUVER CONVENTION CENTRE – EAST<br>1055 CANADA PLACE<br>VANCOUVER, BC V6C 0C3 | April 1 – 2, 2019 |
|                  | EXHIBITING COMPANY:           | SHOW SITE CONTACT:   | BOOTH #:          |
|                  | MOVE IN DATE:                 | MOVE IN TIME:  | MOVE OUT DATE:    |

|                       |  |   |   |         |
|-----------------------|--|---|---|---------|
| DELIVERY AFTER SHOW   | DELIVERY DATE:   | MAIN INTERSECTION:  | CONTACT NAME:   |         |
|                       | SHIP TO NAME AND ADDRESS:  |   | PHONE #:  |         |
|                       |  |   | FAX #:  |         |
|                       | LOADING DOCK AT DELIVERY:<br><input type="checkbox"/> Y <input type="checkbox"/> N | TRACTOR TRAILER CAN FIT:<br><input type="checkbox"/> Y <input type="checkbox"/> N | BLANKETS/STRAPS:<br><input type="checkbox"/> Y <input type="checkbox"/> N | E-MAIL: |
|                       | # 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: \_\_\_\_\_

|  |                                     |                               |
|--|-------------------------------------|-------------------------------|
| CHEQUE ENCLOSED <input type="checkbox"/> PAYABLE TO LANGE TRANSPORTATION AND STORAGE LTD.    | MASTERCARD <input type="checkbox"/> | VISA <input type="checkbox"/> |
| CREDIT CARD NO: _____  | CARD EXPIRY DATE: MONTH: _____      | YEAR: _____                   |
| AUTHORIZED SIGNATURE: _____  | PRINT: _____                        |                               |
| <b>PAYOR NAME AND ADDRESS</b>  |                                     |                               |
| <b>OUR INVOICE/RECEIPT WILL BE SENT ELECTRONICALLY.</b>                                      |                                     |                               |
| <b>PLEASE PROVIDE US WITH THE APPROPRIATE EMAIL ADDRESS:</b> _____                           |                                     |                               |
| 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 |                                     |                               |

CUSTOMER SIGNATURE: \_\_\_\_\_ PRINT: \_\_\_\_\_ TITLE: \_\_\_\_\_