

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: <input type="checkbox"/> YES <input type="checkbox"/> NO TRACTOR TRAILER CAN FIT: <input type="checkbox"/> YES <input type="checkbox"/> NO BLANKETS REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO				
	STRAPS REQUIRED (ITEMS ON WHEELS?): <input type="checkbox"/> YES <input type="checkbox"/> NO				
	# OF PIECES:	WEIGHT:	DIMENSIONS:		
SPECIAL INSTRUCTIONS:					

SHOW INFORMATION	Living Luxe Design Show		Toronto Congress Centre -North Building Hall H & I, Toronto, ON M9W1J1		April 25-27, 2025	
	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: <input type="checkbox"/> YES <input type="checkbox"/> NO TRACTOR TRAILER CAN FIT: <input type="checkbox"/> YES <input type="checkbox"/> NO BLANKETS REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO			
	STRAPS REQUIRED (ITEMS ON WHEELS?): <input type="checkbox"/> YES <input type="checkbox"/> 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

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**

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