

Transportation Order Form

tel 905.598.3221
email AdamReynolds8@hotmail.com

6780 Davand Dr #29
Mississauga, Ontario L5T 5X9

PICK UP INFORMATION	PICK-UP DATE:	PICK-UP TIME:	MAIN INTERSECTION:	CONTACT NAME:
	PICK-UP COMPANY NAME & ADDRESS			
	EMAIL:	PHONE:	FAX:	
	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/STRAPS: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	# OF PIECES:	WEIGHT:	DIMENSIONS	
	SPECIAL INSTRUCTIONS			

SHOW INFORMATION	Toronto Audio Video Entertainment Show (TAVES) LOCATION: Sheraton Centre, Downtown Toronto DATE: Oct. 28 – Oct. 30, 2016			
	EXHIBITING COMPANY:	SHOW SITE CONTACT:	BOOTH #:	
	MOVE-IN DATE:	MOVE-IN TIME:	MOVE-OUT DATE:	MOVE-OUT TIME:

DELIVERY AFTER SHOW (IF REQUIRED)	DELIVERY DATE:	MAIN INTERSECTION:	CONTACT NAME:	
	SHIP TO NAME & ADDRESS:			
	EMAIL:	PHONE:	FAX:	
	LOADING DOCK DELIVERY: <input type="checkbox"/> YES <input type="checkbox"/> NO	TRACTOR TRAILER CAN FIT: <input type="checkbox"/> YES <input type="checkbox"/> NO	BLANKETS/STRAPS: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	# OF PIECES:	WEIGHT:	DIMENSIONS:	
	SPECIAL INSTRUCTIONS:			

PAYMENT INFORMATION			
CHEQUE ENCLOSED - payable to Showtime Displays <input type="checkbox"/>		VISA <input type="checkbox"/>	
CREDIT CARD NO:	CARD EXPIRY DATE (MONTH/YEAR):		
AUTHORIZED SIGNATURE:	PRINT NAME:		
PAYOR NAME AND ADDRESS			
COMPANY:			P.O. ORDER #:
ADDRESS	CITY:		
PROV/STATE	POSTAL CODE:	PHONE:	FAX

Customer Signature: _____ **Print name:** _____ **Title:** _____

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