

SERVICE ORDER

(Click the field to complete the form)



Event Code (as provided by Exhibitions Cargo)

Company

Authorized company contact

1. Event Information

Event name (as registered at the venue)

Event starts on (mm/dd/yy) Ends on (mm/dd/yy)

Company representative at the event site

Number of attendees

2. Venue Information

Venue

Address

Venue groups manager 

 ext.

3. Return Shipment (If applicable)

If you consider you will need a return shipment please fill out the below. Exhibitions Cargo will only proceed with the pickup once the shipping invoice is verified and the quote is accepted. Return forms will be sent to you by email.

Estimated number of boxes PickUp Date (mm/dd/yy)

4. Insurance

I want to obtain Cargo Insurance* YES NO

If YES, Beneficiary for compensation

Same as Billing Information Other/Company name

Address City State

Country ZIP

Contact 

*Applicable for round trip.

Additional requirements:

If any changes arise please notify Exhibitions Cargo.

Signature Company Contract Signer

Name

Date (mm/dd/yy)

The person signing this agreement has the authority to represent the company mentioned above. It appoints Exhibitions Cargo as its agent and assures full and prompt payment.

I state that the information I provide in this agreement and in the shipping invoice form is true to the best of my knowledge.