

# LANGE CUSTOMS CLEARANCE SERVICES ORDER FORM

**MOS195**

<b>SHOW INFORMATION</b>	<b>THE MOTORCYCLE SHOW TORONTO</b>	The Enercare Centre 100 Princes' Blvd. Toronto, ON M6K 3C3	February 15 – 17, 2019	
	EXHIBITING COMPANY:	SHOW SITE CONTACT:	BOOTH #:	
	CARRIER (IF NOT USING LANGE):	PICK UP DATE:	PICK UP TIME:	DELIVERY DATE:

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

<b>DELIVERY AFTER SHOW</b>	DELIVERY DATE:	MAIN INTERSECTION:	CONTACT NAME:	
	SHIP TO NAME AND ADDRESS:		PHONE #:	
			FAX #:	
	LOADING DOCK AT DELIVERY: <input type="checkbox"/> Y <input type="checkbox"/> N	TRACTOR TRAILER CAN FIT: <input type="checkbox"/> Y <input type="checkbox"/> N	BLANKETS/STRAPS: <input type="checkbox"/> Y <input type="checkbox"/> N	E-MAIL:
	# OF PIECES:	WEIGHT:	DIMENSIONS:	
SPECIAL INSTRUCTIONS:				

TERMS OF PAYMENT AND SECURITY DEPOSIT – MUST BE COMPLETED IN FULL  
ANY CLAIMS FOR SERVICES NOT PROVIDED WILL NOT BE CONSIDERED AFTER THE SHOW CLOSURE

CHEQUE ENCLOSED <input type="checkbox"/> <b>PAYABLE TO LANGE TRANSPORTATION AND STORAGE LTD.</b>	MASTERCARD <input type="checkbox"/>	VISA <input type="checkbox"/>
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

**Terms and Conditions**

This order is placed with the specific understanding that we hereby release Lange Transportation & Storage and our agents from all liability for loss, damages and/or theft to our merchandise and property, no matter how caused, and we have insured all such properties to be handled. 1) Lange shall not be responsible for damage to uncrated materials, improperly packaged or concealed damage. 2) Lange will not be responsible for any loss, damages or delay due to fire, acts of god, strikes or lock outs of any kind beyond its control. 3) Lange liability is outlined in the above Cargo Insurance/Declared Value section. Please ensure you are self-insured or you must declare a value for carriage and pay the charges applicable for the service. 4) Lange shall not be liable to any extent whatsoever for the actual, potential or assumed losses of profits or revenues, or for any collateral costs which may result from any loss or damage to an Exhibitor's materials which make it impossible or impractical to exhibit same. 5) Each Exhibitor is responsible to declare all hazardous materials and abide by all Federal, Provincial, State and local laws.

*I have read and agree to the Terms and Conditions of this Contract with Lange Transportation.*

PRINT NAME: \_\_\_\_\_ SIGNATURE/AUTHORIZATION: \_\_\_\_\_ DATE: \_\_\_\_\_

**LANGE TRANSPORTATION AND STORAGE LTD.**

TEL: (905) 362-1290 1-800-668-5687 FAX: (905) 362-1285 EMAIL: [info@langeshow.com](mailto:info@langeshow.com) WEB SITE: [www.langeshow.com](http://www.langeshow.com)

# TRANSPORTATION ORDER FORM

**MOS195**

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

<b>SHOW INFORMATION</b>	<b>THE MOTORCYCLE SHOW TORONTO</b>		<b>The Enercare Centre 100 Princes' Blvd. Toronto, ON M6K 3C3</b>		<b>February 15 – 17, 2019</b>	
	EXHIBITING COMPANY:		SHOW SITE CONTACT:		BOOTH #:	
	MOVE IN DATE:	MOVE IN TIME:	MOVE OUT DATE:	MOVE OUT TIME:		

<b>DELIVERY AFTER SHOW</b>	DELIVERY DATE:	MAIN INTERSECTION:	CONTACT NAME:			
	SHIP TO NAME AND ADDRESS:			PHONE #:		
				FAX #:		
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	# 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"/> <b>PAYABLE TO LANGE TRANSPORTATION AND STORAGE LTD.</b> 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.                  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:** \_\_\_\_\_