

COST ESTIMATE / QUOTE SHEET

COMPANY / EXHIBITOR NAME: _____

SHOW: _____

CONTACT: _____

PHONE: _____

EMAIL: _____

Please Circle

NUMBER OF PIECES _____ WEIGHT _____ LBS / KGS

METHOD AIR _____ OCEAN _____ TRUCK _____

DIMENSIONS: (L x W x H) STACKABLE YES NO

_____

_____

TEMP IMPORT VALUE $ _____ PERMENENT IMPORT VALUE $ _____

INSURANCE FOR $ _____

RATES FOR INSURANCE ARE $3.50 / $1000.00 MINIMIUM CHARGE $75.00 $250.00 DEDUCTIBLE

PICK UP LOCATION

CITY _____ STATE / PROV _____ POSTAL CODE _____

SPECIAL HANDLING INSTRUCTIONS (lift gate, inside pick up, flat deck, residential pick up etc)

_____

RETURN SHIPPING

METHOD AIR _____ OCEAN _____ TRUCK _____

CUSTOMS CLEARANCE: YES NO

DESTINATION: RETURN TO PICK UP LOCATION _____

OTHER LOCATION:

CITY _____ STATE / PROV _____ POSTAL CODE _____