

Shipment Order Form

MENDELSSOHN
A **LIVESTON** Company

Shipment Order Form
Customs and Transportation Services

From: Julia Cruz	Tel: 604-687-5535 ext. 2402	Cdn Zone: <input type="text"/>
	Toll Free: 800-663-0301	Zone: <input type="text"/>
	Fax: 604-687-1463	Service: <input type="text"/>
At: Mendelssohn, 69 Yonge Street, 4th Floor, Toronto, Ontario M5E 1K3		Additional: <input type="text"/>
Bill To: Mendelssohn, As above		MTCC: <input type="text"/>

Shipper:	<input type="text"/>		
Address:	<input type="text"/>		
City/State/Zip:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact:	<input type="text"/>	Tel: <input type="text"/>	Fax: <input type="text"/>
Hours of Operation:	<input type="text"/>	Dock:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Pick Up Date:	<input type="text"/>	To Arrive By:	<input type="text"/>
Delivery Date:	<input type="text"/>	Transit Time	<input type="text" value="0"/>

COMMODITY: Exhibit Related Articles

# of pieces	box/crate etc	3 Dimensional			PER PIECE		
	box/crate	@Dimensions Each:	<input type="text"/>	<input type="text"/>	@Weight Each:	<input type="text"/>	<input type="text"/>
	box/crate	@Dimensions Each:	<input type="text"/>	<input type="text"/>	@Weight Each:	<input type="text"/>	<input type="text"/>
	box/crate	@Dimensions Each:	<input type="text"/>	<input type="text"/>	@Weight Each:	<input type="text"/>	<input type="text"/>
	box/crate	@Dimensions Each:	<input type="text"/>	<input type="text"/>	@Weight Each:	<input type="text"/>	<input type="text"/>
	box/crate	@Dimensions Each:	<input type="text"/>	<input type="text"/>	@Weight Each:	<input type="text"/>	<input type="text"/>
	box/crate	@Dimensions Each:	<input type="text"/>	<input type="text"/>	@Weight Each:	<input type="text"/>	<input type="text"/>
Ttl Pieces:	0	Dim Weight:	0.0	lbs	@Weight Total:	0	lbs

Stackable? Yes No Hazardous? Yes No

Show Name:	<input type="text"/>	Booth#	<input type="text"/>
Show Location:	<input type="text"/>		
Consignee:	<input type="text"/>		
Address:	<input type="text"/>		
City, State, Zip	<input type="text"/>	<input type="text"/>	<input type="text"/>

(B)/MCL** **Billing Account:**
THE COST BELOW IS FOR TRANSPORTATION ONLY AND DOES NOT INCLUDE BROKERAGE CHARGES!!

Rate:	\$ -	US FUNDS - ROUND TRIP	Insurance: \$78.00min or Value/100x.78
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TO ACCEPT, PLEASE SIGN AND FAX BACK

Signature: _____ Date: _____

Quote is Based on Information Provided ! A \$40.00 handling charge is applicable on each leg.

**Change in information without prior notice will result in change in rate without notification

Please note that for Insurance Claims there is a \$500.00 deductible

*Please note that for Computers and Equipment there is a \$2500.00 deductible*Certain Policy Exclusions Apply*

For Full Policy Details Check Our Website At www.mend.com

To Decline Cargo Insurance You Must Sign Below

Signature: _____ Date: _____