

METROPOLITAN EXPOSITION TRANSPORTATION INBOUND FORM



TRANSPORTATION

115 Moonachie Avenue
 Moonachie, N.J. 07074
 Phone: 201-355-4109 Fax: 201-355-4145

Show Name _____

Show Dates _____

Venue _____

PO#

Internal Use Only

Contact Information

Contact Name	Company Name
Phone	Email Address

Pickup Location

Company Name		
Street Address	City	State/Country
	Zip/Postal Code	Phone Number

Shipment Destination

Company Name		
Show Name / Booth Number		
Street Address	City	State
	Zip/Postal Code	

Type of Service

<input type="checkbox"/> Truckload	<input type="checkbox"/> Deferred	<input type="checkbox"/> 2nd Day Air
<input type="checkbox"/> Overnight Air	<input type="checkbox"/> Economy / Standard Ground	<input type="checkbox"/> 3rd Day Air

Additional Services

<input type="checkbox"/> Lift Gate
<input type="checkbox"/> Residential
<input type="checkbox"/> Inside Pickup
Declared Value \$ _____ (Declared Value can not exceed \$10,000)

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Show Name _____
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Shipment Information

Requested Pickup Date			Time of pickup (4 hour window:)	
Requested Delivery Date				
Number of Pieces	Length	Width	Height	Weight
			Total Weight	
			Hazardous Materials?	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

Additional Information or Instructions

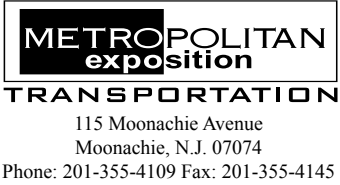
For an online *Quick Quote*, go to www.metro-transportation.com

When you've completed this form, fax it to 201-994-1350

If you have any Questions or Concerns, call us at 201-355-4109

******* Thank You for Choosing Metropolitan Exposition Transportation! *******

METROPOLITAN EXPOSITION TRANSPORTATION OUTBOUND FORM



Show Name _____
 Show Dates _____
 Venue _____

Company Name _____ Booth Number _____

OUTBOUND SHIPMENT DETAILS

Company / Business Name		
Street Address		
Show Name (if applicable)	City	State
Contact Name & Number		Zip/Postal Code

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Economy / Deferred (4 - 7 Business Days) | <input type="checkbox"/> 2nd Day |
| <input type="checkbox"/> 3rd Day | <input type="checkbox"/> Next Day |

Piece Count Estimate _____ Total Weight Estimate _____

Additional Information or Instructions