

**Fairs & Exhibitions, Events  
Request For Quotation**

Show Name: IMTS 2018 - CHICAGO

Exhibitor: \_\_\_\_\_

Hall: \_\_\_\_\_ Booth: \_\_\_\_\_ Move-in Date: \_\_\_\_\_

Pick-up requested from your facility?  Yes  No If yes, pick-up date: \_\_\_\_\_

Pick-up address: \_\_\_\_\_

Mode of Import in USA:  Temp  Definitive

Mode of transport:  Ocean  Air  Truck

Insurance:  Yes  No If yes, value in USD: \_\_\_\_\_

Hazardous?  Yes  No If yes, type of haz mat: \_\_\_\_\_

Does the shipment contain lithium ion batteries?  Yes  No

Shipper Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Shipper Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing name / address same as shipping?  Yes  No (If not, fill in the information below)

Billing Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Billing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Party Account Number: \_\_\_\_\_

Number of Packages	Description	Weight in lbs. (Gross/each)	Dimensions (LxWxH Inch)

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_

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