IMTS2018 Official Vendor

Global Transport and Logistics

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: _____

DSV Terms and Conditions

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