



COST ESTIMATE / QUOTE SHEET

COMPANY / EXHIBITOR NAME: _____

SHOW: _____

CONTACT: _____

PHONE: _____

EMAIL: _____

NUMBER OF PIECES _____ WEIGHT _____ Please Circle 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 MINIMUM 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 _____