

Transportation Order Form
 Quad Express is pleased to be named the OFFICIAL transportation company for:



Show location: _____ Show dates: _____ Booth # _____

PLEASE ARRANGE TRANSPORTATION FOR MY EXHIBIT MATERIALS
 RATE INQUIRY ONLY AT THIS TIME

REQUESTER NAME: _____ REQUESTER PHONE: _____

PICK UP ADDRESS:

COMPANY INFORMATION

Company Name: _____
 Street address: _____
 City, State, Zip: _____
 Contact name: _____
 Phone: _____
 Pick up date: _____
 Ready time: _____ Close time: _____
 Declared value: _____

Company name: _____
 DBA: _____
 Address: _____
 City, State Zip: _____
 Phone: _____ Fax: _____
 Contact name: _____
 Email: _____
 Billing Zip Code: _____

Payment type: Visa MC Disc Amx / Card #: _____ Exp: _____
 Card holder name: _____ CVC Code: _____
 Payment authorization
 For this show only – do not retain credit card info
 Repeat use – Retain on file – Authorization not required prior to processing credit card

 AUTHORIZED SIGNATURE

NO. OF PIECES	DESCRIPTION	DIMENSIONS			WEIGHT
		L	x	W x H	

SERVICE LEVEL REQUIRED:

NEXT DAY 2 DAY 3-5 DAY DEFERRED (LTL)

Please arrange shipping after show to the following address

Company: _____
 Street address: _____
 City, State, Zip: _____
 Phone: _____
 Contact Name: _____

Providing REAL solutions to your transportation problems!



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