

Transportation Order Form

HAUListic 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:

BILLING INFORMATION

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

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

Pick up date: _____ Ready time: _____ Close time: _____

Declared value: \$ _____

NO. OF PIECES	DESCRIPTION	DIMENSIONS				WEIGHT
		L	x	W	x	

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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