DRAYAGE REQUEST FORM

SHOW:		**Date:**		**Billing Information**	**TAX ID:**
Exhibitor:					
Booth No.:					
On site Contact:					
Phone:					
Move in Date:		Schedule:			
Move out Date:		Schedule:		**EMAIL:**	

Please select kind of truck and how many of them you will receive at show site:

	Pick up		Sea Container		Lowboy
	3 1/2 Truck		Flatbed		Other
	48' Truck		53' Truck		

Number of packages:	Dimensions CMS Largo	Ancho	Alto	Weight KGS	Total Weight KGS	Volume Weight	Kind of Package- Description of Items	Handling Equipment	Estimate Maneuver Time

Point out exhibitor´s request:

Total Weight (Kgs):		**Chargable Weigth:**	

TARIFF US/KG			TOTAL	Additional Services:			HORAS	TOTAL
Minimo				Forklift 2.5T (Per Hour)				
Up to 500 kgs.				Forklift 2.5T (Per Day/8hrs)				
Up to 1000 kgs.				Manpower (per hour)				
Up to 2000 kgs.				Palletjack (per hour)				
Up to 5000 kgs.								
Up to 8000 kgs.								
More than 8,001 kg	Special Quote							
		TOTAL:	$				**TOTAL:**	$

MATERIAL HANDLING VALUE PACKAGE INCLUDES:

Included services for the build-up period: Unloading from truck, transfer of equipment to stand, one time only positioning on the booth no longer than 30 min, removal of empty packaging from the booth.

Included services for the break-down period: Re-delivery of empty packaging, Re-loading equipment to transport.

Additional labour, relifting or storage is not included and will be quoted and charged separately.

Our service does NOT include insurance coverage. We recommend you insure your cargo for all risks.

No insurance will be provided by the logistics contractor unless specifically instructed and charged for. A quotation for this additional service can be provided on request. Any maneuver is at the customer's risk and account.

SUBTOTAL:	$
IVA 16%:	$
TOTAL MXP:	**$**

We will appreciate your payment before service date in to the following account:

BENEFICIARIO: CARGOLIVE S. DE R.L. DE C.V

BANCO: BBVA BANCOMER SA.

SUCURSAL: 1821 PALMAS CUENTA: 0169298274

CLABE: 012180001692982744

PLEASE SEND US PROOF OF PAYMENT: imelda.ponce@cargolivelog.com

NAME	**DATE**	**SIGNATURE**