|  |                                      | IKAN   | ISPURTATIO   | N ORDER FORM               | GIC191                |
|--|--------------------------------------|--------|--|----------------------------|-----------------------|
|  | PICK-UP DATE:                        | PICK-L | JP TIME:   | MAIN INTERSECTION:         | CONTACT NAME:         |
| PICK UP INFORMATION  | PICK-UP COMPANY NAME<br>AND ADDRESS: |        |  |                            | PHONE #:              |
|  |                                      |        |  |                            | FAX #:                |
| Z  | LOADING DOCK AT PICK-UP:             | TRACT  | OR TRAILER CAN FIT:  | BLANKETS/STRAPS:           | E-MAIL:               |
| PICK UP  | □Y□N                                 |        | ] Y  | □Y□N                       |                       |
|  | # OF PIECES:                         | WEIGHT | Τ:   | DIMENSIONS:                |                       |
|  | SPECIAL INSTRUCTIONS:                |        |  |                            |                       |
| SHOW<br>INFORMATION  | GROCERY INNOVATIONS CANADA 2019      |        | Toronto Congress Centre – North<br>650 Dixon Road<br>Toronto, ON M9W 1J1 |                            | October 22 - 23, 2019 |
|  | EXHIBITING COMPANY:                  |        | SHOW SITE CONTACT:   |                            | BOOTH#:               |
|  | MOVE IN DATE:                        | MOVE   | E IN TIME:   | MOVE OUT DATE:             | MOVE OUT TIME:        |
|  | DELIVERY DATE:                       |        | MAIN INTERSECTION:   |                            | CONTACT NAME:         |
| DELIVERY AFTER SHOW  | SHIP TO NAME<br>AND ADDRESS:         |        |  |                            | PHONE #:              |
|  |                                      |        |  |                            | FAX #:                |
|  | LOADING DOCK AT DELIVERY:            |        | OR TRAILER CAN FIT:<br>]Y □ N  | BLANKETS/STRAPS:  □ Y □ N  | E-MAIL:               |
|  | # OF PIECES:                         | WEIGHT |  | DIMENSIONS:                |                       |
| ቯ  | SPECIAL INSTRUCTIONS:                |        |  |                            |                       |
| VALUATION COVERAGE -> PLEASE INDICATE A ZERO DOLLAR AMOUNT WITH SIGNATURE IF YOU DO NOT REQUIRE ADDITIONAL VALUATION COVERAGE.   |                                      |        |  |                            |                       |
| I require valuation coverage on my goods while in the possession of Lange Transportation & Storage Ltd. A claim would be based upon the landed wholesale cost of my goods  |                                      |        |  |                            |                       |
| \$ The rate for this coverage is 2% of the declared value of the materials being insured (charged separately for move-in and move-out) with a \$20.00 minimum charge each way and a \$50.00 deductible*. Otherwise, please just use released valuation coverage at no additional cost to me. Released valuation coverage in case of loss, damage etc. is \$0.50 per pound. Maximum released liability cannot exceed \$50.00 per piece count or total shipping charge from origin to destination. |                                      |        |  |                            |                       |
| *Please note for extra valuation, the maximum dollar value we can offer may be capped at \$5.00 per pound (i.e. if your shipment weighs 2,000lbs the maximum extra valuation coverage you can purchase is \$10000.00). You must receive confirmation in writing if you wish to exceed the \$5.00 per pound cap.  |                                      |        |  |                            |                       |
| SIGNED: TITLE: TITLE:  |                                      |        |  |                            |                       |
| CHEQUE ENCLOSED  PAYABLE TO LANGE TRANSPORTATION AND STORAGE LTD. MASTERCARD  VISA  VISA   |                                      |        |  |                            |                       |
| CREDIT CARD NO: CARD SECURITY CODE / CVV:  |                                      |        |  | _ CARD EXPIRY DATE: MONTH: | YEAR:                 |
| AUTHORIZED SIGNATURE: PRINT: PAYOR NAME AND ADDRESS  |                                      |        |  |                            |                       |
| PAYOR NAME AND ADDRESS  OUR INVOICE/RECEIPT WILL BE SENT ELECTRONICALLY. PLEASE PROVIDE US WITH THE APPROPRIATE EMAIL ADDRESS:   |                                      |        |  |                            |                       |
| COMPANY: PURCHASE ORDER #:   |                                      |        |  |                            |                       |
|  |                                      |        |  |                            |                       |
| ADDRESS: CITY: POSTAL/ZIP CODE: PHONE #: FAX #:  |                                      |        |  |                            |                       |
| ALL CUSTOMERS WITHOUT AN ESTABLISHED ACCOUNT WITH LANGE MUST PREPAY BY CREDIT CARD OR CHEQUE   |                                      |        |  |                            |                       |
| 000.0  |                                      |        |  |                            |                       |

PRINT:

TITLE:

**CUSTOMER SIGNATURE:**