



EXPOEXPRESS

COST ESTIMATE / QUOTE SHEET

COMPANY/EXHIBITOR NAME: _____

SHOW: _____

CONTACT: _____

PHONE: _____

EMAIL: _____

NUMBER OF PIECES: _____ WEIGHT: _____ LBS KGS

METHOD: AIR OCEAN TRUCK

STACKABLE: YES NO

DIMENSIONS: (L x W x H) X X

TEMP IMPORT VALUE \$ _____ PERMANENT IMPORT VALUE \$ _____

INSURANCE FOR \$ _____

RATES FOR INSURANCE ARE: \$3.50/\$1000.00, MINIMUM CHARGE \$75.00, \$25.00 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 _____