

Corporate Freight Quote Request Form

My Contact Details

Company: _____ Contact: _____

Tel: _____ Fax: _____ Mobile: _____

Email: _____ Postal Address: _____

Event Details

Stand Number/Venue: _____ Onsite Contact name/number: _____

Pick up address: _____

Special pick up instructions: i.e. *Time ,date, tailgate*: _____

Special delivery Instructions i.e. *Tailgate, forklift required*: _____

I require return freight transportation: (Please circle) Yes No Will confirm

Return Pickup/Delivery instructions: _____

Description of items

Number of items: _____ Sizes: _____

_____ Weight: _____ Value of goods: _____

Description: _____

Other Services

I will require the following onsite services: (Please circle)

Forklift

Pallet Jack

Storage.

Quote request completed by: _____

Signature: _____ Date: _____

AEL terms and conditions will be forwarded with quotation and will require to be signed as received prior to quotation being confirmed as a booking.

Please return this form to AEL by fax, email or postal address above.