

### TRANSPORT QUOTE REQUEST

Agility Fairs & Events offers a full door to stand service. To receive a transport quote, please complete **sections A and B** below.  
If you require any onsite services (i.e. forklift and storage) please complete **sections A and C** below.

**Fields marked with (\*) asterix are mandatory - Failure to complete may result in delays.**

#### SECTION A - BILLING DETAILS

*Company:	*ABN / ACN:
*Address:	
*Contact Name:	*Email:
*Phone:	*Mobile:
*Corporate Email (Accounts):	*Phone:

#### SECTION B - TRANSPORT SERVICES

**Complete this section to receive a quote**

\*Description of Consignment: (if weights / dimensions are unknown at this stage, please estimate in the spaces provided)


No. of Items	Description	Length	Width	Height	Weight

*Pick-up Address: (If Different to above)	
*Pick-up Contact Name:	*Pick-up Contact Number:
*Forklift available at collection point? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Tailgate required for collection? <input type="checkbox"/> Yes <input type="checkbox"/> No
Special requirements (for collection):	
Preferred pick-up date and time:	
*Stand Name:	Stand Number:
*Do you require returns after the event? <input type="checkbox"/> Yes <input type="checkbox"/> No	

#### DANGEROUS GOODS / HAZARDOUS SUBSTANCES

*Please advise if there are Dangerous Goods / Hazardous Substances / Chemicals: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, Please provide details:</b>

#### SECTION C - MATERIALS HANDLING (FORKLIFT & STORAGE)

	*Do you require onsite forklift services during Move-In and/or Move-Out? <input type="checkbox"/> Yes <input type="checkbox"/> No
	*Will you require storage of empty packaging during the show? (items will be returned to you for Move-Out) <input type="checkbox"/> Yes <input type="checkbox"/> No

#### ACKNOWLEDGMENT

I have read and accept Agility's Standard Terms & Conditions (refer to page 2) <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Accepted by: (Signature of Authorised Representative)	Date:

**PLEASE COMPLETE THIS FORM AND RETURN BY FRIDAY 19<sup>th</sup> OCTOBER, 2018 TO**  
**[scampbell@agility.com](mailto:scampbell@agility.com) OR FAX TO 03 9330 3337**  
**FOR MORE INFORMATION PLEASE CALL SEAMUS CAMPBELL ON 03 9330 9014**

