

**Shipping Estimate Request Form**

For Shipping Rates, please email this form to shipping@hargroveinc.com
or fax to 301-306-6253

For Shipping questions, please call 301-306-4620

Company: _____ Contact Name: _____

Phone: _____ Fax: _____ Email: _____

Event Name: _____ Booth Number: _____

PICK-UP INFORMATION TO OR FROM SHOW

Date of Pick Up: _____ Your Shipping/Receiving Hours: _____ AM to _____ PM

Is This Pick-Up Location: ☐ Business ☐ Residence ☐ Home Business ☐ Tradeshow

Address of Pick Up: _____

Special Instructions FOR PICKUP FROM OR DELIVERY TO YOUR BUSINESS LOCATION:

Is There a Loading Dock: ☐ Yes ☐ No

If No, is This an Inside Pick Up/Delivery: ☐ Yes ☐ No Is There Access to: ☐ Elevator ☐ Stairs

Will This Pick Up/Delivery Require: ☐ Lift Gate ☐ Pallet Jack ☐ Hazardous Materials

☐ Additional Insurance \$ _____ ☐ Other _____

Is This Shipment: ☐ Round Trip ☐ One-Way Inbound to Show ☐ One-Way Outbound from Show

Comments: _____

Date of Delivery To: _____ ☐ Advance Warehouse ☐ Direct to Show Site ☐ Return to Pick Up Location

DELIVERY INFORMATION FROM SHOW

Delivery Address if different than above: _____

Show Name: _____

Exhibitor Name: _____

Booth #: _____

METHOD OF SHIPMENT – ALL FREIGHT SHIPPED CLASS 125

Ground: ☐ Single Shipment (LTL) ☐ Full Truck Load ☐ Caravan

Air: ☐ Overnight AM (by 12 Noon) ☐ Overnight PM (by 5 PM) ☐ Second Day ☐ 3-5 Day Expedited

WEIGHT AND DIMENSIONS

(Final Rate is Subject to Correct Weight and Dimensions)

List Piece Description	Length (Inches)	Width (Inches)	Height (Inches)	Estimated Weight (LBS)

Total Pieces :

Total Weight:

Payment Method: ☐ Hargrove Shipping Only ☐ Hargrove Shipping and All Hargrove Orders

☐ Credit Card (check card type & complete info below): ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX

☐ Check Enclosed: # _____ Dated ____ / ____ / ____ in the amount of \$ _____

Credit Card Number:

	Exp.
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Cardholder Name: _____ Signature: _____

Billing Address: _____