





## QUOTE REQUEST

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			SHIPP		<b>BITOR INFO</b>	ORMAT	ION			
Company name							Boot	h		
Pick up address							City			
State				Zip Code			Coui	ntry		
Contact				Phone			E-ma	ail		
Pick up date				Pick *\$ Hours			Freig optic			
			SHIP	MENT/CA	RGO INFOR	RMATIO	ON			
Brief descrip	ption of	good:								
Total Pieces	S		Weight 4/56				Weight (kg)			
Commercia Value (USD					Insurance Required?					
We strongly	recommer	nd hiring	insurance for ye		MTI will not be res lay or storage	ponsible	for loss or	damag	e during transi	t, exhibition
PACKAGE	recommer	LENC		disp			for loss or HEIGHT			t, exhibition GHT
PACKAGE ?	inch	LENG		disp	lay or storage		HEIGHT			
PACKAGE ? 1		LENG	GTH	disp W	ilay or storage IDTH		HEIGHT	- -	WEI	GHT
PACKAGE ?		LENG	GTH	disp W	ilay or storage IDTH		HEIGHT	- -	WEI	GHT
PACKAGE ? 1		LENG	GTH	disp W	ilay or storage IDTH		HEIGHT	- -	WEI	GHT
PACKAGE ? 1 2		LENG	GTH	disp W	ilay or storage IDTH		HEIGHT	- -	WEI	GHT
PACKAGE ? 1 2 A		LENG	GTH	disp W	ilay or storage IDTH		HEIGHT	- -	WEI	GHT
PACKAGE ? 1 2 A B		LENG	GTH	disp W	ilay or storage IDTH		HEIGHT	- -	WEI	GHT
PACKAGE ? 1 2 A B 5		LENG	GTH	disp W	ilay or storage IDTH		HEIGHT	- -	WEI	GHT
PACKAGE ? 1 2 A B 5 5 C		LENG	GTH	disp W	ilay or storage IDTH		HEIGHT	- -	WEI	GHT
PACKAGE ? 1 2 A B 5 5 C D		LENG	GTH	disp W	ilay or storage IDTH		HEIGHT	- -	WEI	GHT
PACKAGE ? 1 2 A B 5 5 C D E		LENG	GTH	disp W	ilay or storage IDTH		HEIGHT	- -	WEI	GHT
PACKAGE ? 1 2 A B 5 C C D E F		LENG	GTH	disp W	ilay or storage IDTH		HEIGHT	- -	WEI	GHT



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**SPECIFIC INSTRUCTIONS / NOTES** 

BILLING INFORMATION							
Company name		Tax ID					
Billing address		City					
State	Zip Code	Country					
Payment method	Contact Name & Phone #	E-mail					

RETURN INFORMATION							
Company name							
Delivery address		City					
State	Zip Code	Country					
Contact	Phone	E-mail					
Deadline date	Freight option	Delivery Hours					

Important Information

Permanent freights must be paid in full before exhibition begins

Temporary freights must be paid in full before return freight.