LANGE TRANSPORTATION ORDER FORM

TRE261

PICK-UP INFORMATION

PICK-UP DATE:	PICK-UP TIME:	MAIN INTERSECTION:	CONTACT NAME:
PICK-UP COMPANY NAME AND ADDRESS:		PHONE #:	
		EMAIL:	

LOADING DOCK AT PICK-UP: ☐ YES ☐ NO TRACTOR TRAILER CAN FIT: ☐ YES ☐ NO BLANKETS REQUIRED: ☐ YES ☐ NO

STRAPS REQUIRED (ITEMS ON WHEELS?): ☐ YES ☐ NO

# OF PIECES:	WEIGHT:	DIMENSIONS:
OPERTIONAL HOURS:	SPECIAL INSTRUCTIONS :	

SHOW INFORMATION

SHOW NAME : TRREB REALTOR QUEST		**VENUE ADDRESSS :** TORONTO CONGRESS CENTRE - SOUTH BUILDING 650 DIXON RD, TORONTO, ON M9W 1J1	**SHOW DATE:** MAY 13 - 14, 2026
EXHIBITING COMPANY:		SHOW SITE CONTACT AND NUMBER	BOOTH #:
MOVE IN DATE:	MOVE IN TIME:	MOVE OUT DATE:	MOVE OUT TIME:

DELIVERY AFTER SHOW

DELIVERY DATE:	MAIN INTERSECTION:	CONTACT NAME:	
SHIP TO NAME AND ADDRESS:		PHONE #:	
		EMAIL:	

LOADING DOCK AT DELIVERY: ☐ YES ☐ NO TRACTOR TRAILER CAN FIT: ☐ YES ☐ NO BLANKETS REQUIRED: ☐ YES ☐ NO

STRAPS REQUIRED (ITEMS ON WHEELS?): ☐ YES ☐ NO

# OF PIECES:	WEIGHT:	DIMENSIONS:
OPERTIONAL HOURS:	SPECIAL INSTRUCTIONS :	

VALUATION COVERAGE -> PLEASE INDICATE A ZERO DOLLAR AMOUNT WITH SIGNATURE IF YOU DO NOT REQUIRE ADDITIONAL VALUATION COVERAGE.

I require valuation coverage on my goods while in the possession of Lange Transportation & Storage Ltd. A claim would be based upon the landed wholesale cost of my goods $ _____ . The rate for this coverage is 2% of the declared value of the materials being insured (charged separately for move-in and move-out) with a $20.00 minimum charge each way and a $50.00 deductible*. Otherwise, please just use released valuation coverage at no additional cost to me. Released valuation coverage in case of loss, damage etc. is $0.50 per pound. Maximum released liability cannot exceed $50.00 per piece count or total shipping charge from origin to destination.

*Please note for extra valuation, the maximum dollar value we can offer may be capped at $5.00 per pound (i.e. if your shipment weighs 2,000lbs the maximum extra valuation coverage you can purchase is $10000.00). You must receive confirmation in writing if you wish to exceed the $5.00 per pound cap.

SIGNED: _____ PRINT: _____ TITLE: _____

PAYMENT OPTIONS

Orders must be prepaid in full including tax. Orders must be cancelled APRIL 29TH to be considered for refund.

☐ VISA* ☐ MASTERCARD*

CARD NO: _____ EXPIRY DATE: MM/YY _____ / _____ CVV: _____

AUTHORIZED SIGNATURE: _____ PRINT: _____

BILLING NAME AND ADDRESS

OUR INVOICE/RECEIPT WILL BE SENT ELECTRONICALLY
PLEASE PROVIDE US WITH THE APPROPRIATE EMAIL ADDRESS: _____

COMPANY: _____ PO#: _____

ADDRESS: _____ CITY: _____

PROV/STATE: _____ POSTAL/ZIP CODE: _____ PHONE #: _____

ALL CUSTOMERS WITHOUT AN ESTABLISHED ACCOUNT WITH LANGE MUST PREPAY