



# ORDER FORM VIA ADVANCED WAREHOUSE

Congress / Exhibition name	Venue
Exhibitor name	Hall / Stand no.
Contact person at the booth	Mobil no.

## INBOUND

## OUTBOUND

<input type="checkbox"/> <b>door to booth service</b> <small>(incl. Transport organized by IML)</small>	<input type="checkbox"/> <b>booth to door service</b> <small>incl. Transport – organized by IML</small>
<input type="checkbox"/> <b>only local handling via advanced warehouse</b> <small>(Transport with your local carrier to our warehouse)</small>	<input type="checkbox"/> <b>via warehouse after show only</b> <small>(pick up from our warehouse with your local carrier)</small>
Shipper	Consignee
Contact details (Name / Phone / Mail)	Contact details (Name / Phone / Mail)
Shipment details pieces / dimensions (cm) / weight (kg) / etc.	Shipment details pieces / dimensions (cm) / weight (kg) / etc.
Carrier / Trucker & Tracking no.	Collection from stand (date & time)
Tracking no. / AWB no. / etc.	Pick up date from warehouse IML (apprx.)
Arrival date warehouse IML (apprx.)	The pickup from warehouse IML cannot be made on the same day as the stand collection. Only possible by separate agreement.
Delivery to stand (date & time)	Carrier / Trucker which will pick up the goods from IML warehouse
Additional information / instructions / Transport insurance if needed with shipment value (attention will be charged separately)	

## EMPTY STORAGE (Storage during the event dates)

<input type="checkbox"/> Yes we need empty storage    apprx. cbm:	Pick up date & time:
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## INVOICE DETAILS

Company Name		VAT No. (only for EU Countries)	
Address	City	Zip Code	Country

## TERMS OF PAYMENT

<input type="checkbox"/> I hereby authorize the use of the following credit card for payment
<input type="checkbox"/> I hereby authorize the use of the following credit card as a security against non-payment in full within 14 days of invoice date
<input type="checkbox"/>

## CREDIT CARD DETAILS

Visa                       Mastercard                       American Express

Cardholder Name	Card Account Number
Expire Date	CVC

Date	Printed Name	Signature
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