



Fair: _____

Ex company _____ _____ Phone _____ Handler: _____ Fax _____ E-Mail: _____	To Lagermax Messelogistik-Center Am Messezentrum 6, 5020 Salzburg / Austria Phone +43 (0)662/40 90-2293, 2294 E-Mail: messe.salzburg@lagermax.com
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EXHIBITOR: _____	SENDER: _____
HALL: _____ STAND: _____	FORWARDING AGENT: _____
Contact: _____	SHIPMENT: _____
Phone: _____	EXHIBITOR PRESENT: <input type="radio"/> YES <input type="radio"/> NO

FORKLIFT: <input type="radio"/> up to 3 tons <input type="radio"/> up to 5 tons <input type="radio"/> up to 7 tons	<input type="radio"/> long forks <input type="radio"/> hand pallet truck <input type="radio"/> loading / unloading supervision	<input type="radio"/> ropes, shackle <input type="radio"/> strapping machine								
CRANE: up to _____ tons	<input type="radio"/> Worker(s): number _____ ca. hours _____									
<table border="1"> <tr> <th>BUILD UP PERIOD</th> <th>DATE / TIME</th> </tr> <tr> <td>▶ _____ ◀</td> <td>▶ _____ ◀</td> </tr> </table>	BUILD UP PERIOD	DATE / TIME	▶ _____ ◀	▶ _____ ◀	<table border="1"> <tr> <th>BREAK DOWN PERIOD</th> <th>DATE / TIME</th> </tr> <tr> <td>▶ _____ ◀</td> <td>▶ _____ ◀</td> </tr> </table>		BREAK DOWN PERIOD	DATE / TIME	▶ _____ ◀	▶ _____ ◀
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▶ _____ ◀	▶ _____ ◀									
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▶ _____ ◀	▶ _____ ◀									

Value of shipment: EUR _____

Forwarding insurance RVS / SVS / forklift / liability premium 1 ‰ (of value)
 If you specify no value, Lagermax Logistics Austria GmbH takes out insurance for EUR 5,000.– .
 Premium EUR 5.– per order note.

RVS / SVS-Waiver? Yes No **Attention:** Information needed before order!

STORAGE: **Empties / packing material** **Full good**

Pick up date: _____ Delivery date: _____ Volume: ca. _____

Planning of forwarding services (transport, forklift, storage, etc.) requires timely preparation. Therefore ordering must be in time. The signee instructs Lagermax Logistics Austria GmbH to execute the specified orders. The individual fair / transport services are changed according to valid fair tariffs and transport agreements.

Invoice recipient: _____

UID / VAT-Nr.: _____ _____
 Date / customer (name) / company

