

CONVENTION MAKERS, INC.

FORKLIFT REQUEST FORM

EVENT NAME: _____

LOCATION: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: _____ FAX _____

ORDERED BY: _____

SIGNATURE: _____

MAILING ADDRESS:

CONVENTION MAKERS, INC.
12D OLD CHARLOTTE HWY.
ASHEVILLE, NC 28803

TELEPHONE (828) 298-3700
FAX (828) 298-3400

AUTHORIZED CREDIT CARD PAYMENT

CARD TYPE () VISA () MC

CARD # _____

EXPIRATION _____

Payments by Credit Cards will include a 3% fee. Declined Credit Card fee \$40.00.
Returned Check fee \$75.00

CASH, CHECK OR →

INBOUND

OF FORKLIFTS _____

HOURS _____

OUTBOUND

OF FORKLIFTS _____

HOURS _____

REGULAR TIME

\$40.00 ½ HOUR _____

REGULAR TIME

\$40.00 ½ HOUR _____

OVERTIME

\$60.00 ½ HOUR _____

OVERTIME

\$60.00 ½ HOUR _____

DATE _____ TIME _____

Convention Makers, Inc. will assume no responsibility for freight or goods lost or damaged during shipping, receiving, handling, or storing. It is imperative that all materials are properly packed, labeled and INSURED prior to delivery to floor space or removal from show floor.

FORKLIFTS WILL BE SCHEDULED ON A FIRST COME, FIRST SERVE BASIS. PLEASE STOP BY THE CONVENTION MAKERS SERVICE DESK TO MAKE YOUR ARRANGEMENT.