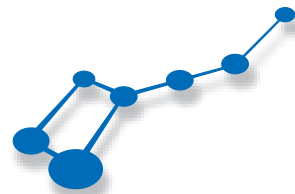


# QUOTE REQUEST FORM



## FAIREXX

LOGISTICS  
FOR EXHIBITIONS

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

eMail: \_\_\_\_\_

FAIREXX  
Logistics for  
Exhibitions GmbH  
Marienstraße 28  
12207 Berlin  
Germany

EXHIBITION \_\_\_\_\_

Contact:

Shipment arrives via:

|                                                                    |                                     |                                |
|--------------------------------------------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Airfreight                                | <input type="checkbox"/> Seafreight | <input type="checkbox"/> Truck |
| <input type="checkbox"/> Transport<br>from seaport / airport _____ | to _____                            |                                |
| Transport<br>from _____                                            | to _____                            |                                |
| Country-code, Postal-code, Town                                    | Country-code, Postal-code, Town     |                                |

Shipping details:

Number of pieces: \_\_\_\_\_

Total gross weight: \_\_\_\_\_

Measurements (in cm): \_\_\_\_\_

Volume (in cbm): \_\_\_\_\_

Customs clearance:

|                                           |                                            |                                     |
|-------------------------------------------|--------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Temporary import | <input type="checkbox"/> Definitive import | <input type="checkbox"/> Carnet ATA |
|-------------------------------------------|--------------------------------------------|-------------------------------------|

Goods Value / Currency: \_\_\_\_\_

Transport insurance: ☐ yes ☐ no

Date / Time for delivery to booth: \_\_\_\_\_

☐ Other services requested at fairground:

\_\_\_\_\_

\_\_\_\_\_

Date

Signature

Return-Answer: FAX +49 (0)30 - 44 03 47 79 or eMail