



B – Pre-advise warehouse delivery

EXHIBITION

| | |
|-------------------|-------|
| Exhibitor | _____ |
| Booth No. | _____ |
| Company name | _____ |
| Address | _____ |
| Postcode and City | _____ |
| Country | _____ |
| Phone | _____ |
| Email | _____ |
| VAT No. | _____ |

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PRE-EVENT INFORMATION

| | |
|-----------------------------------|---|
| Shipment meant for / to warehouse | _____ |
| No. of packages | _____ |
| Gross weight | _____ |
| Measurements in cm | _____ |
| volume: | _____ |
| cbm: | _____ |
| Mode of transport | <input type="checkbox"/> Airfreight* <input type="checkbox"/> Seafreight* <input type="checkbox"/> Courier* <input type="checkbox"/> Road |
| Date of arrival latest | _____ |
| Date delivery on stand | _____ |

** Please send a copy of air waybill or waybill*

POST EVENT INFORMATION

| | |
|-------------------|--|
| Return transport | <input type="checkbox"/> Yes, to origin <input type="checkbox"/> Yes, but to other address <input type="checkbox"/> No |
| To be arranged by | <input type="checkbox"/> Fairexx <input type="checkbox"/> Other: _____ |

CREDIT CARD

| | | |
|-------------------------------------|----------------------|-------|
| <input type="checkbox"/> Visa | Credit Card No. | _____ |
| <input type="checkbox"/> Mastercard | Valid Through | _____ |
| <input type="checkbox"/> Amex | CVC Code | _____ |
| | Name Card Holder | _____ |
| | Authorised Signature | _____ |
| | Date and Stamp | _____ |

Please return answer to ↓
