



FORK LIFT SERVICES

NECES USE ONLY

V MC AE CKP _____ REC'D BY _____
 EXP. DATE _____ CKF _____ DATE _____
 CC# _____ \$ _____

RETURN TO: 46350 Grand River Ave. Suite B • Novi, MI 48374 • (248)380-0843 • Fax (248)380-0848 • novi@necexposervices.com

SHOW NAME		SHOW DATE	
COMPANY	BOOTH #	BOOTH SIZE _____ X _____	
AUTHORIZED CONTACT SIGNATURE	AUTHORIZED CONTACT - PLEASE PRINT	DATE	

- **Advance Order Deadline: Seven (7) days prior to first move-in day.**
- **No refunds, exchanges or credits for any booth package items.**
- **All orders must be accompanied by "Contact & Payment Information" form.**
- **All orders are subject to the enclosed Terms, Conditions and Policies.**
- **Availability of this service cannot be guaranteed if not ordered in advance!! Please determine if this service is to be provided as part of your agreement with show management. If not, this form MUST be completed and returned according to conditions herein.**
- **Advance payment of all requested fork lift services (in/out) is required with your order.**

**Make Checks Payable to:
NEC Expo Services**

STANDARD SERVICE		
Up to 4,000 pound capacity fork lift with operator for unloading, installation, uncrating, unskidding, dismantling, crating, skidding, reloading and any special handling of your equipment, machinery or freight, due to size or weight. FLOOR RATE applies to any order received within 7 days prior to show or placed on-site.	ADVANCE	FLOOR
	93.00 per hour	120.00 per hour
One hour minimum. Partial hours, after minimum, prorated to nearest 1/2 hour.		
SPECIAL SERVICE		
Call for quotation for capacities over 4,000 pounds or if rigging equipment and labor are required.		

EXHIBITOR: Please complete this section				
MOVE-IN	TIME	DATE	RATE	
	Fork Lift & Operator needed at _____ <input type="checkbox"/> AM <input type="checkbox"/> PM on _____ for _____ hours x \$ _____ per hr. = \$ _____			
	Fork Lift & Operator needed at _____ <input type="checkbox"/> AM <input type="checkbox"/> PM on _____ for _____ hours x \$ _____ per hr. = \$ _____			
	Fork Lift & Operator needed at _____ <input type="checkbox"/> AM <input type="checkbox"/> PM on _____ for _____ hours x \$ _____ per hr. = \$ _____			
MOVE-OUT	TIME	DATE	RATE	
	Fork Lift & Operator needed at _____ <input type="checkbox"/> AM <input type="checkbox"/> PM on _____ for _____ hours x \$ _____ per hr. = \$ _____			
	Fork Lift & Operator needed at _____ <input type="checkbox"/> AM <input type="checkbox"/> PM on _____ for _____ hours x \$ _____ per hr. = \$ _____			
	Fork Lift & Operator needed at _____ <input type="checkbox"/> AM <input type="checkbox"/> PM on _____ for _____ hours x \$ _____ per hr. = \$ _____			
<ul style="list-style-type: none"> • Please check-in at Service Desk when ready for service • Always inform us if more than one fork lift is needed. 			TOTAL ESTIMATED FORK LIFT SERVICE \$ _____ DEPOSIT AMOUNT ENCLOSED \$ _____	

DO NOT FILL IN BELOW - NECES Use Only			
Move-In: _____ forklifts for _____ hrs. @ \$ _____ /hr	\$ _____	SUB-TOTAL FORK LIFT CHARGES	\$ _____
Move-In: _____ forklifts for _____ hrs. @ \$ _____ /hr	\$ _____	ADDITIONAL LABOR CHARGES	\$ _____
Move-Out: _____ forklifts for _____ hrs. @ \$ _____ /hr	\$ _____	TOTAL NON-TAXABLE FORK LIFT CHARGES	\$ _____
Move-Out: _____ forklifts for _____ hrs. @ \$ _____ /hr	\$ _____	ADVANCE PAYMENT RECEIVED	\$ _____
Additional Charges: _____	\$ _____	BALANCE DUE	\$ _____