LANGE TRANSPORTATION

500 Carlingview Drive, Etobicoke ON, M9W 5R3 | (905) 362-1290

SEND COMPLETED FORMS & QUOTE REQUESTS TO: KAREN RAMIREZ | SALES@LANGESHOW.COM

SECURITY CAGE ORDER FORM

SECURITY CANADA CENTRAL TORONTO CONGRESS CENTRE OCTOBER 23-24, 2024

STOP PILFERAGE! PROTECT YOUR VALUABLE PRODUCTS!

IF YOU ARE CONCERNED THAT ARTICLES MAY DISAPPEAR DURING THE SHOW MOVE-IN, AFTER THE SHOW CLOSES EACH NIGHT OR DURING THE MOVE-OUT, THE SECURITY CAGE IS A MUST. THE CAGE IS 6' HIGH X 5' LONG X 2 1/2' WIDE AND IS CONSTRUCTED OF 1" X 2" HEAVY DUTY STEEL MESH WHICH WILL DETER EVEN THE MOST DETERMINED THIEF. THE CAGE IS ON WHEELS, MAKING IT CONVENIENT FOR YOU TO MOVE THE CAGE TO AND FROM YOUR BOOTH AND STORAGE AREA. THE LOCK IS YOURS TO KEEP AND ONLY YOU HAVE THE KEYS!

STOCK IS VERY LIMITED! ORDER TODAY TO ENSURE AVAILABILITY OF STOCK AND TO QUALIFY FOR YOUR PRE-SHOW DISCOUNT.

			SHIPPIN	G INFORMA	ATION (WARE	HOUSE)				
EXHIBITING COMPANY:			PHONE:					BOOTH (S) #:		
CONTACT NAME:		EMAIL ADDRESS:								
DELIVERY DATE (MM/DD/YYYY):		DELIVERY TIME: AM PM		PICK-UP DATE (MM/DD/YYYY):		:	PICK-UP TIME:	AM	PM	
QTY	DESCRIPTION			REC. ON OR EMBER 30,		ORDERS REC. A SEPTEMBER 30,			TOTAL	
	5 1/2 " H X 5' L X 2 ½ W (RENTAL)		\$295.00			\$350.00				
	LOCK SOLD			\$9.00			\$12.00			
							SUB-1	TOTAL		
ALL RATES ARE FOR RUN OF SHOW (MAXIMUM 7 DAYS) NO ORDERS WILL BE PROCESSED UNTIL PAYMENT IN FULL HAS BEEN RECEIVED. HST #R124						24 192 220	13% HST			
								TOTAL		
	e prepaid in full including tax. Purcles es must be settled on site prior to s		qualify as payme	ents. Orders mu				lay to be considered onsidered after the		
PAYMENT	OPTIONS									
□ CHEQUE PAYABLE TO LANGE TRANSPORTATION AND STORAGE LTD. 500 CARLINGVIEW DR, ETOBICOKE, ON, M9W 5R3										
□ EFT DETAI	LS PROVIDED UPON REQU	EST								
□ INTERAC I	ETRANSFER PAYABLE TO JO	ER@LANGESH	OW.COM							
□ VISA* □ MASTERCARD* *SUBJECT TO 2.4% CREDIT CARE							CREDIT CARD SUI	RCHARGE TO BE AP	PLIED AT TIME	OF PROCESSING
CREDIT CARD NO:					EXPIRY DATE	:: MM/YY	/	/ CV		
AUTHORIZED SIGNATURE:				PRINT NAME:						
OUR INVOIC	AME AND ADDRESS E/RECEIPT WILL BE SENT E VIDE US WITH THE APPRO									
COMPANY:					PO#:					
ADDRESS:					CITY:					
PROV/STATE	ATE: POSTAL/ZIP CODE:					PHONE #:				
	ALL	CUSTOMERS \	WITHOUT A	N ESTABLISI	HED ACCOUN	T WITH LANG	E MUST PREI	PAY		
THEIR REPRES TO AND IMME DAMAGE OR II EXHIBITORS M	ND THEIR REPRESENTATIVES HENTATIVES AND AGENTS, AGA DIATELY FOLLOWING THE EVE NJURY HOWEVER CAUSED. UST PROVIDE THEIR OWN INS D SIGNATURE:	INST ANY AND AL NT. THE EXHIBITO	L CLAIMS FOR OR, ON SIGNIN CURITY.	LOSS, DAMA	GE, THEFT OR II	NJURY. INDEMN	IFICATION INCI IG FROM ANY A	LUDES THE PERIC	D OF STORA	GE PRIOR