MATERIALS HANDLING FORM – COMPULSORY FORM

Dear Exhibitors,

In the interests of safety and to ensure appropriate materials handling equipment is available onsite, please assist us by providing information relevant to the handling of your equipment. Regardless of which transport company you are using – including Agility - it is compulsory to complete this form.

NOTE – FOR OVERSIZED / UNUSUAL FREIGHT, PLEASE INDICATE or ATTACH ON THE UNITS THE FOLLOWING: WEIGHT / CENTRE OF GRAVITY / ANY SPECIAL MARKINGS (eg. If freight is weight biased towards a side, or must be forklifted in a certain way)

The information will assist in ensuring a safe working environment - Thank you for your assistance.

Section A – COMPANY DETAILS

Company Name: ___________________________ Stand Name: ___________________________ Stand #: ___________________________
Contact Name: ___________________________ Email: ________________________________
Mobile: ___________________________ Fax: ________________________________

Section B – FORKLIFT SERVICES

Day / Date: ___________________________ Time of Delivery: ___________________________
Estimated Duration Required: ___________________________
Estimated weight of heaviest piece (kgs): ___________________________ Extended tynes required: Yes ☐ No ☐
Jib / Slings required: Yes ☐ No ☐

Forklift Costs – Upto 2.5 tonne $55.00 Every 15 minutes or part thereof
Empty Packing / Storage Costs $33.00 per lift In/out - Onsite (inside hall)
$44.00 per m3 or part thereof - Offsite (outside hall)

Section C – STORAGE SERVICES (Empty packaging only – Strictly no product)

Description / Details: ___________________________
Approximate volume: _______________ (L) x _______________ (W) x _______________ (H) = _______________
Please Advise Here If There Are Any Dangerous Goods in Your Consignment: Yes ☐ No ☐
Details: ___________________________

Section D – CREDIT CARD DETAILS (Required if Agility is not handling your freight)

The charges are processed after the show for actual time used (forklift) or volume (storage).

Card Type (Please circle): AMEX VISA MASTERCARD DINERS

Card Number: ____________ ____________ ____________ ____________ ____________ ____________
Expiry: _____ / _____ Name on Card: ___________________________
Amount: $ ____________ Signature: ___________________________

N.B. Please collect a copy of the Tax Invoice from the Agility site desk before leaving the venue at the end of the event.

** Payment by credit card incurs a 3.5% surcharge**

☐ I have read and accept Agility’s Standard Terms & Conditions.

x ___________________________
Accepted by (Signature):

PLEASE COMPLETE THIS FORM AND RETURN BY FRIDAY 15th August, 2015 TO EXPOMARKETING@AGILITY.COM OR FAX 03 9330 3337
FOR INFORMATION CALL AGILITY FAIRS & EVENTS ON (03) 9330 3303.