



Pre-advise warehouse delivery

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EXHIBITION

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

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 ↓
