

YRC TRADESHOW QUOTE REQUEST

SHIPPER INFORMATION

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ PROV/STATE: _____ POSTAL CODE: _____

CONTACT: _____ PHONE: _____ EMAIL: _____

LOADING DOCK: Y N

SHOW INFORMATION

SHOW NAME: _____ MOVE IN DATE: _____ BOOTH #: _____

CONV CTR: _____ ADDR: _____

Hall #: _____ CITY: _____ PROV/STATE: _____ POSTAL CODE: _____

RETURN PICK UP REQUIRED: Y N PICK UP DATE: _____ TIME: _____

ITEMS TO BE SHIPPED

OF PIECES _____ WIDTH _____ LENGTH _____ HEIGHT _____ WEIGHT _____

OF PIECES _____ WIDTH _____ LENGTH _____ HEIGHT _____ WEIGHT _____

OF PIECES _____ WIDTH _____ LENGTH _____ HEIGHT _____ WEIGHT _____

OF PIECES _____ WIDTH _____ LENGTH _____ HEIGHT _____ WEIGHT _____

OF PIECES _____ WIDTH _____ LENGTH _____ HEIGHT _____ WEIGHT _____

Please email to customercare.canada@yrcfreight.com