

CONVENTION MAKERS, INC.

FORK LIFT REQUEST FORM



EVENT NAME: _____

YOUR COMPANY _____

YOUR ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

SHOW DATE _____ BOOTH # _____

ORDERED BY _____
PRINT

ORDERED BY _____
SIGNATURE

MAILING ADDRESS

CONVENTION MAKERS
4501 Hwy 544
MYRTLE BEACH, SC 29588

PH(843)650.6300 FX(843)650.6301

AUTHORIZED CREDIT CARD PAYMENT

CARD TYPE ()VISA ()MC ()AMEX

CARD # _____

EXPIRATION DATE _____

Inbound

of Forklifts _____

Hours _____

Regular Time

Please Call _____

Overtime

Please Call _____

Outbound

of Forklifts _____

Hours _____

Regular Time

Please Call _____

Overtime

Please Call _____



Date _____ Time _____

Convention Makers Will assume no responsibility for any equipment damaged during moving, lifting, or transporting equipment with a forklift. It is imperative that all materials are properly packed, secured or braced & insured. prior to being lifted, moved or transported via the forklift. Forklifts will be scheduled on a first come first serve basis. Please stop by the service desk to make this arrangement.

