



MALCA-AMIT USA, LLC

A MEMBER OF THE MALCA-AMIT GROUP OF COMPANIES

SERVICE REQUEST SHOW FORM

NEW YORK
580 Fifth Avenue,
New York, NY
Ph. (212) 840-8330
Fax (212) 840-4155

LOS ANGELES
550 South Hill Street,
Los Angeles, CA
Ph.(213) 627-1103
Fax (213) 627-1047

KENTUCKY
911 Grade Lane,
Louisville, KY
Ph. (502) 361-3331
Fax (502) 361-3445

MIAMI
38 N.E., 1st Avenue,
Miami, FL.
Ph. (305) 358-8610
Fax (305) 358-8612

CHICAGO
5 South Wabash Ave,
Chicago, IL
Ph. (312) 346-1507
Fax (312) 346-1896

www.malca-amit.com

Please fax the completed Form to above office nearest your location at least one (1) week in advance to the opening dates of the following show:

SHOW NAME:		AGTA GemFair™ - Tucson, AZ		Pick Up Date:	
PICK UP TIMES: <input type="checkbox"/> 9:00am – 11:00 am <input type="checkbox"/> 11:00 am – 1:00 pm <input type="checkbox"/> 1:00pm – 3:00 pm <input type="checkbox"/> 3:00pm – 4:00 pm					
Malca-Amit will make reasonable efforts to pick up the Property at the time requested by Customer, but Malca-Amit maintains the complete freedom and right to change or vary the time, without prior notice to Customer. In no case will Malca-Amit assume any responsibility or liability for any change in respect of the pick up time as requested by Customer.					
COMPANY NAME (CUSTOMER):					
ADDRESS:				CITY:	
STATE:	ZIP:	PHONE:	FAX:		
CONSIGNEE:		CELL PHONE:	E-MAIL:		
		PHONE:	FAX:		
		BOOTH #:			
AUTHORIZED PERSON # 1:			ID-NUMBER:		
AUTHORIZED PERSON # 2:			ID-NUMBER:		
DESCRIPTION OF PROPERTY:				<input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP	
# OF ITEMS:	WEIGHT:	DECLARED VALUE:			
REMARKS:					

On behalf of Customer, the undersigned, hereby instructs MALCA-AMIT to arrange for:

The Forwarding of the Property described herein in accordance with and subject to a completed "MALCA-AMIT Domestic Secured Service (DSS) Shipping Instruction(s)"

Print Name: _____

Signature: _____

Place: _____

Date: _____