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ON-SITE DELIVERY ORDER FORM

■ DATE:

■ REF No:

■ ATTN:

Please see below our company details for the the following shipment

■ **SUBJECT:** DEFEA 2021

■ TO HALL/ TO STAND NO:

■ CONTACT PERSON ON SITE:

■ SHIPPERS FULL STYLE COMPANY ADDRESS :

VAT NR:

■ EXHIBITOR NAME :

■ CONTACT PERSON :

■ PHONE NO:

SHIPMENT DETAILS

MODE OF TRANSPORT			<input type="radio"/> TRUCK	
NO OF PIECES	TYPE OF PACKAGES	WEIGHT IN KGS	DIMENSIONS IN CMS	

SPECIAL INSTRUCTIONS

DRIVER NAME:

PLATE NR:

DATE & TIME OF ARRIVAL :