Typhoon Logistics, Inc.
2010 CENTS CARAVANS &
☐SHIPPING ☐ QUOTE SERVICE REQUEST FORM

EXHIBITOR INFORMATION

Company Name: _____ Contact: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Office Phone #: (___)_____ Fax: (___)_____ Cellular: (___)_____

BILL TO (IF DIFFERENT)
Address: _____ City: _____ State: ____ Zip Code: _____

Email: _____ **Website:**_____

CREDIT CARD BILLING INFORMATION (optional).

☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Expiration _____/_____

Name on Card: _____ CVV2#_____
3-4 Digit Code on Back

CREDIT CARD BILLING ADDRESS:
Street: _____
City: _____ State: _____ Zip Code: _____

Signature: _____ Date: ___/___/___

PLEASE CHECK ALL THAT APPLY FOR Caravan Services To or From:

- ☐ MANTS - Baltimore, January, 6-8
- ☐ Mid Am - Chicago, January, 20-22
- ☐ **CENTS - Columbus, January, 25-27**
- ☐ N.E. Grows - Boston, February 3-5
- ☐ *Green N' Growin' - January, 12-16*
- ☐ *Pro Green -Denver, Feb 9-12*
- ☐ *Other*_____

BOOTH NUMBER:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

SHIPMENT INFORMATION:
Number of Pieces: _____ **Description / Color**: _____

☐ **Skid** ☐ **Carton** ☐ **Crate** ☐ **Tube** ☐ **Case** ☐ **Other**_____

WEIGHT
_____
_____
_____
_____

DIMENSIONS
_____
_____
_____
_____

For prompt quotes and bookings, please complete and fax to Jon Cain (614) 223-9561
For more information please contact Typhoon Logistics at (866) 396-3801
WWW.TYPHOONLOGISTICS.COM