



IML – Messe Logistik GmbH

Bruno Kreisky Platz 1, Austria Center Vienna, A-1220 Wien

return.to.office@iml-vienna.at

ORDER FORM VIA ADVANCED WAREHOUSE

Congress / Exhibition name	Venue
Exhibitor name	Hall / Stand no.
Contact person at the booth	Mobil no.

INBOUND

<input type="checkbox"/> door to booth service (incl. Transport organized by IML)
<input type="checkbox"/> only local handling via advanced warehouse (Transport with your local carrier to our warehouse)
Shipper
Contact details (Name / Phone / Mail)
Shipment details pieces / dimensions (cm) / weight (kg) / etc.
Carrier / Trucker & Tracking no.
Tracking no. / AWB no. / etc.
Arrival date warehouse IML (apprx.)
Delivery to stand (date & time)

OUTBOUND

<input type="checkbox"/> booth to door service incl. Transport – organized by IML
<input type="checkbox"/> via warehouse after show only (pick up from our warehouse with your local carrier)
Consignee
Contact details (Name / Phone / Mail)
Shipment details pieces / dimensions (cm) / weight (kg) / etc.
Collection from stand (date & time)
Pick up date from warehouse IML (apprx.)
The pickup from warehouse IML cannot be made on the same day as the stand collection. Only possible by separate agreement.
Carrier / Trucker which will pick up the goods from IML warehouse

Additional information / instructions / Transport insurance if needed with shipment value (attention will be charged separately)

EMPTY STORAGE (Storage during the event dates)

<input type="checkbox"/> Yes we need empty storage apprx. cbm:	Pick up date & time:
---	----------------------

INVOICE DETAILS

Company Name		VAT No. (only for EU Countries)	
Address	City	Zip Code	Country

TERMS OF PAYMENT

<input type="checkbox"/> I hereby authorize the use of the following credit card for payment
<input type="checkbox"/> I hereby authorize the use of the following credit card as a security against non-payment in full within 14 days of invoice date
<input type="checkbox"/>

CREDIT CARD DETAILS

☐ Visa ☐ Mastercard ☐ American Express

Cardholder Name	Card Account Number
Expire Date	CVC

Date	Printed Name	Signature
------	--------------	-----------