

500 Interstate W. Pkwy Lithia Springs, GA 30122 Ph: 678-398-2650 Fax: 770-745-4267

email: aphillips@mc-2.com

FORKLIFT ORDER FORM

<u>Payment Policy:</u> Full estimated payment must be received prior to show move-in to guarantee forklift & workers. Please use the formula above to calculate your advance payment. Final invoicing will be done from the actual hours worked.

Exhibiting Company Name:				Telephone#:		Booth#:
Billing Address:				Fax#:		1
City/State/Zip:				Authorized By:		•
Show Name: ENERGY EXCHANGE 2024						
Exhibitors rewill need to require a fooder the number of t	estimate their needs be continued to the continue of workers required to the continue of the c	pelow. A forklift is require assigned consisting of	ed for moving e	quipment o	sitioning and reskidding ed or materials weighing 2001 or and 1 worker(s). If you	lbs or more. If you
	URLY RATES	Weekdays and All Day			Forklift/Operator	Additional Labor
Straight Ti	me	8:00am to 4:30pm Weekdays			\$370.00	\$141.00
Overtime	me 4:30-8:00am Monday-Saturday				\$430.00	\$210.00
Doubletime	е	All day Sunday and Holidays			489.00	\$281.00
forklifts by 2	2:30pm the day before	date requested. Please	have a repres	entative pic	bor is requested for 8:00a k up the crew at the Servi rew to the Service desk a	ice desk and supervise
We Will Ne	ed:					
		Date	Time (A	M) (PM)	No. of Forklift Crews	No. of Extra Workers
Installation						
	Dismantle ^	*Allow time for return of empty containers				
Describe wo	ork to be done:					
	Number of Cre	ws and/or Workers Nee TOTAL ESTIMA			= TOTAL ESTIMATED F AYMENT	iours
	TOTAL PAYMENT ENCLOSED					