

FEBRUARY 16 – 17, 2023 TORONTO INTERNATIONAL CENTRE, MISSISSAUGA

OFFICIAL CONTRACTOR FOR PRESSURE WASHING & EQUIPMENT DETAILING
AND TRANSPORTATION OF TRUCKS & EQUIPMENT



DR. DETAIL
Toronto, Canada



3-1750 The Queensway, Suite 207, Toronto, Canada M9C 5H5, Phone: (416) 620-4145 • TOLL FREE: 1-877-790-7211 Fax: (905) 790-7212

E-Mail: drsoffice@drdetailinc.com • www.drdetailinc.com

ON SITE CONTACT: 416-989-8252



RESERVE AS SOON AS POSSIBLE



PLEASE COMPLETE THE FOLLOWING AND RETURN BY EMAIL TO
drsoffice@drdetailinc.com OR FAX TO: 905-790-7212

COMPANY NAME: _____

CONTACT NAME: _____ BOOTH #: _____

PHONE #: _____ CELL: _____ FAX #: _____

E-MAIL: _____ WEB ADDRESS (OPTIONAL): _____

EXHIBIT COMPANY NAME & CONTACT INCLUDING CELL NUMBER: _____

MOVE-IN DATE: _____

ONSITE QUOTATIONS AVAILABLE

SHOW SERVICES REQUEST:

1) PRESSURE WASHING IS COMPLIMENTARY

DESCRIPTION OF SHOW UNIT(S) AND QUANTITY FOR PRESSURE WASHING: Quantity: _____

**2) ONSITE DETAILING AT SHOW
(NB: COSTS TO BE QUOTED PER PIECE + TAX)**

DESCRIPTION OF SHOW UNIT(S) AND QUANTITY FOR DETAILING: Quantity: _____

**3) BOOTH PLACEMENT OF SHOW UNITS ON SHOW FLOOR:
(NB: COSTS TO BE QUOTED PER PIECE + TAX)**

DESCRIPTION OF SHOW UNIT(S) AND QUANTITY TO BE PLACED TO SHOW IN BOOTH: Quantity: _____

DR. DETAIL Toronto, Canada

4) **TRANSPORTATION** by our certified, licensed and insured driver(s) to pick up your truck(s) and deliver to the show.
(NB: COSTS TO BE QUOTED PER PIECE + TAX)

DESCRIPTION OF SHOW TRUCK(S) AND QUANTITY TO BE DELIVERED TO SHOW: Quantity: _____

4) **SHOW MOVE-OUT AND DELIVERY BACK TO YOUR FACILITY OR ALTERNATIVE DESTINATION**
(NB: COSTS TO BE QUOTED PER PIECE + TAX)

SHOW MOVE-OUT OF SHOW TRUCK(S) AND QUANTITY FOR DELIVERY BACK TO YOUR FACILITY OR ALTERNATIVE DESTINATION:

Quantity: _____

ADDITIONAL SERVICES WE PROVIDE: **PAINT & METAL POLISHING** **& TRUCK STORAGE BEFORE AND AFTER SHOW**

DESCRIPTION OF ADDITIONAL SERVICE REQUIRED (will advise after review):

COSTS

Category	Quantity	Details	Amount
Detailing			
Booth Placement			
Transportation			
Return Transportation			

I hereby authorize use of the following credit card for payment of services relative to this order form.

MASTER CARD
 VISA
 AMEX

EXPIRY DATE: ____ / ____ CVV: _____

CARDHOLDER NAME: _____

CARDHOLDER SIGNATURE: _____