

Shipping & Receiving Price List

PRICING FOR IN-HOUSE GUESTS OR ATTENDING AN EVENT HERE

Shipping Service Charges:
\$10.00 per item plus the cost to ship.

Receiving Service Charges:
\$5.00 per item 1-20 pounds
\$10.00 per item 20-100 pounds
\$15.00 per item 100-200 pounds
\$100.00 per item 200 pounds and/or all skids

Amount due: _____ \$ _____

PRICING FOR NON HOTEL GUEST

Shipping Service Charges:
\$50.00 per item plus the cost to ship.

Receiving Service Charges:
\$25.00 per item 1-20 pounds
\$50.00 per item 20-100 pounds
\$75.00 per item 100-200 pounds
\$250.00 per item 200 pounds and/or all skids

Amount due: _____ \$ _____

PRICING FOR FREIGHT SERVICES WITHOUT A LIFT GATE (In House Guest or Non Hotel Guest)

Shipping Service Charges:
\$50.00 per item plus the cost to ship.

Receiving Service Charges:
\$50.00 per item 1-20 pounds
\$100.00 per item 20-100 pounds
\$150.00 per item 100-200 pounds
\$500.00 per item 200 pounds and/or all skids

Amount due: _____ \$ _____

STORAGE FEES

\$5.00 PER DAY PER ITEM AFTER 3 BUSINESS DAYS OF GROUPS DEPARTURE.

Amount due: _____ \$ _____

TOTAL AMOUNT DUE: _____ \$ _____

DATE: _____

GUEST NAME: _____

GROUP NAME: _____

SHIPMENT RECEIVED DATE: _____

SHIPMENT SENT OR DELIVERED: _____

CHARGE TO GUESTROOM: _____ **Room Number:** _____



CREDIT CARD AUTHORIZATION FORM

This form must be completed and signed.

I, _____, hereby authorize the Crowne Plaza Chicago O'Hare to charge my personal / corporate credit card for:

Today's Date: _____ Function Date(s): _____
Group Name: _____

Type of Card: MC VISA AMEXP Diners Discover

Credit Card #: _____ Exp. Date: _____

Name as Printed on the Card: _____
PLEASE PRINT

Will the card holder be on-site?: YES NO

If not, who will sign for charges: _____
PLEASE PRINT

Card Holders Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Charges to be billed to this credit card:

ALL SHIPPING & RECEIVING CHARGES

Hotel Representative: _____



CROWNE PLAZA

CHICAGO O'HARE

THE PLACE TO MEET.

DATE: _____

Crowne Plaza Chicago O'Hare SHIPPING REQUEST FORM

No Packages will be shipped from the hotel unless this form is completely filled out.

There will be a \$10.00 shipping and handling fee assessed per package shipped for non-hotel guests. This fee is not included in the cost of the shipping and will not be waived for packages only requiring a pick up.

Hours of operation for all shipping and receiving

Monday - Friday 7:00 A.M. - 4:30 P.M.

*Saturday & Sunday 8:00 A.M. - 2:00 P.M.

*receiving only

All packages requiring shipment will be shipped the following business day from when this form is received by the shipping and receiving department. The hotel will not be liable for any damage to goods that are shipped.

Ship To:

Sorry no P.O. Boxes

Shipped By:

Name: _____

Name: _____

Company: _____

Company: _____

Address: _____

Room Number (Hotel Guest Only): _____

City: _____ State: _____

Number of Packages: _____

Zip Code: _____ Phone: _____

Billing: (Choose one)

Credit Card:

UPS/FED EX. Account number:

Credit Card number: _____

Shipper number: _____

Expiration date: _____

Visa Master Card Am. Express
(Circle one)

Shipment: (Circle one only)

UPS: Next day Second day Ground

FED EX.: Next day Second day Third day

Signature & Date: _____