

FREEMAN

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OUTBOUND MATERIAL HANDLING AND SHIPPING LABELS

FREEMAN outbound shipping

NAME OF SHOW: _____ CMPX 2018 _____
COMPANY NAME _____ BOOTH #: _____
CONTACT NAME: _____ PHONE #: _____
E-MAIL ADDRESS _____

EVERY OUTBOUND SHIPMENT WILL REQUIRE A MATERIAL HANDLING AGREEMENT AND SHIPPING LABELS. WE WOULD BE HAPPY TO PREPARE THESE FOR YOU AND DELIVER THEM TO YOUR BOOTH PRIOR TO SHOW CLOSE. TO TAKE ADVANTAGE OF THIS SERVICE, PLEASE COMPLETE THIS FORM AND RETURN IT TO THE FREEMAN SERVICE DESK.

SHIPPING INFORMATION

SHIP TO: COMPANY NAME: _____
DELIVERY ADDRESS: _____
CITY: _____ STATE/PROVINCE: _____ ZIP/POSTAL CODE: _____
PHONE#: _____ ATTN: _____

BILL TO: SAME AS SHIP TO
COMPANY NAME: _____
BILLING ADDRESS: _____
CITY: _____ STATE/PROVINCE: _____ ZIP/POSTAL CODE: _____

METHOD OF SHIPMENT

Carrier:

Carrier:
Carrier Name: _____
Carrier Phone: _____

Select a Level of Service:

- | | |
|---|--|
| <input type="checkbox"/> 1 Day: Delivery next business day* | <input type="checkbox"/> Standard Ground |
| <input type="checkbox"/> 2 Day: Delivery by 5:00 PM second business day | <input type="checkbox"/> Specialized: Pad wrapped, uncrated or truckload |
| | <input type="checkbox"/> Deferred: Delivery within 3-5 business days |

Select Shipment Options:

- | | |
|--|---|
| <input type="checkbox"/> Have loading dock | <input type="checkbox"/> Lift gate required |
| <input type="checkbox"/> Inside delivery | <input type="checkbox"/> Air ride required |
| <input type="checkbox"/> Pad wrap required | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Do not stack | |

Verify the piece count, weight and that a signature is on the Material Handling Agreement prior to shipping out.

Select Desired Number of Labels: _____

In the event your selected carrier (other than Freeman) fails to show on final move-out day, Please select one of the following options:

- Reroute via Official Carrier.
- Delivery back to the show's Advance Warehouse at Exhibitor's expense