



EXPOEXPRESS

ORDER FORM

TRADE SHOW _____	BOOTH NUMBER _____
EXHIBITOR NAME _____	

Check all that apply: CUSTOMS CLEARANCE FREIGHT TRANSPORTATION ADVANCE WAREHOUSE

PICK UP ADDRESS _____

CITY _____ STATE/PROV _____ ZIP/POSTAL CODE _____

CONTACT NAME _____

TELEPHONE _____ FAX _____

EMAIL _____ Expo Express Quotation # _____

PICK UP DATE _____ PCS _____ WEIGHT _____ LBS KGS

DIMENSIONS (of all pcs) _____

INSURANCE FOR \$ _____ DELIVERY CARRIER _____

RATES FOR INSURANCE (PER DIRECTION) ARE \$3.50 / \$1000.00 MINIMUM CHARGE \$75.00, \$250.00 DEDUCTIBLE

SPECIAL HANDLING INSTRUCTIONS (lift gate, inside pick up, flat deck, etc) _____

PAYMENT OPTIONS	PAYMENT IN ADVANCE BY WIRE TRANSFER
	PAYMENT IN ADVANCE BY CREDIT CARD (VISA, M/C, AMEX ACCEPTED)
CARD HOLDER	
CARD NUMBER	EXPIRY DATE
CARD HOLDER SIGNATURE	SECURITY CODE
INVOICE ADDRESS	
CITY	STATE/PROV
ATTENTION	TELEPHONE
	EMAIL
<small>I/WE HERBY AUTHORIZE EXPO EXPRESS GLOBAL EVENT LOGISTICS, AND THEIR AGENT TOACT ON OUR BEHALF REGARDINGCUSTOMS CLEARANCE, FREIGHTFORWARDING, ADVANCE RECEIVINGFOR THE ABOVE MENTIONED TRADE SHOW, AND AGREE TO PAYMENT EXPO EXPRESS GLOBAL EVENT LOGISITC'SS CHARGES AS PER THE TARIFF SET OUT IN THESE SHIPPING INSTRUCTIONS. WE AGREE THAT OVERDUE INVOICES ARE SUBJECT TO 2% INTEREST</small>	

RETURN SHIPMENT: CARRIER TO BE USED IF NOT EXPO EXPRESS _____

Check all that apply: CUSTOMS CLEARANCE FREIGHT TRANSPORTATION

RETURN TO PICK-UP ADDRESS OR OTHER ADDRESS

PCS _____

WEIGHT _____ LBS KGS

REQUIRED DATE: _____

IF RETURNING TO USA,
WE **NEED** YOUR IRS
BUSINESS TAX ID#: _____

To be completed on show site with Expo Express staff member: I am confirming that the above outbound instructions are accurate. Any changes have been noted.		
Print Name _____	Signature _____	Expo Express Initials _____