

F R E E M A N

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**OUTBOUND MATERIAL HANDLING
 AND SHIPPING LABELS**

NAME OF SHOW: **TEXPROCESS AMERICAS / APRIL 24 - 26, 2012**

COMPANY NAME: _____ BOOTH #: _____ BOOTH SIZE: _____ X _____

CONTACT NAME : _____ PHONE #: _____

E-MAIL ADDRESS : _____

For Assistance, please call (404) 253-6494 to speak with one of our experts.

For fast, easy ordering, go to www.freemanco.com/store

EVERY OUTBOUND SHIPMENT WILL REQUIRE A MATERIAL HANDLING AGREEMENT AND LABELS. WE WOULD BE HAPPY TO PREPARE THESE FOR YOU IN ADVANCE AND WILL DELIVER THEM TO YOUR BOOTH AT SHOW SITE TO REVIEW AND SIGN. TO TAKE ADVANTAGE OF THIS SERVICE, PLEASE COMPLETE AND RETURN THIS FORM.

SHIPPING INFORMATION

FROM: SHIPPER/EXHIBITOR NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE/ PROVINCE: _____ ZIP/ POSTAL CODE: _____

SHIP TO: COMPANY NAME: _____

DELIVERY ADDRESS: _____

CITY: _____ STATE/ PROVINCE: _____ ZIP/ POSTAL CODE: _____

PHONE#: _____ ATTN: _____

SPECIAL INSTRUCTIONS: _____

METHOD OF SHIPMENT

PLEASE CHECK DESIRED METHOD OF SHIPMENT BELOW

FREEMAN EXHIBIT TRANSPORTATION

- 1 Day: Delivery next business day
- 2 Day: Delivery by 5:00 PM second business day
- Expedited
- Deferred: Delivery within 3-4 business days
- Standard Ground
- Specialized: Pad wrapped, uncrated, or truckload
- OTHER COMMON CARRIER _____
- OTHER VAN LINE _____
- OTHER AIR FREIGHT _____
 - Next Day
 - 2nd Day
 - Deferred

CARRIER PHONE #: _____

Once your shipment is packed and ready to be picked up, please return the Material Handling Agreement to the Exhibitor Services Center.

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

SHIPMENTS WITHOUT PAPERWORK TURNED IN WILL BE RETURNED TO OUR WAREHOUSE AT EXHIBITOR'S EXPENSE.

Freeman will make arrangements for all Freeman Exhibit Transportation shipments. Arrangements for pick-up by other carriers is the responsibility of the exhibitor. During exhibitor move-out, when time permits, Freeman will attempt a courtesy phone call to your carrier to confirm the scheduled pick-up.

DESIRED NUMBER OF LABELS: _____