

MATERIAL HANDLING AGREEMENT

SHIPPER'S NUMBER

INSTRUCTIONS: COMPLETE ALL SHADED AREAS. RETURN COMPLETED AGREEMENT TO SERVICE DESK WHEN MATERIALS ARE PACKED AND READY FOR SHIPMENT.

PLACE PRO NUMBER HERE

DATE _____

BOOTH NO. _____

DATE/TIME RECEIVED _____ AM PM

SHIPPER: FREEMAN DECORATING COMPANY
FOR EXHIBITOR

SHIPPED FROM: EVENT / FACILITY / CITY _____

TO:

IN THE EVENT YOUR SELECTED CARRIER FAILS TO SHOW ON FINAL MOVE-OUT DAY, PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

1 _____ RE-ROUTE VIA THE FREEMAN COMPANIES' CHOICE

2 DELIVERY BACK TO WAREHOUSE AT EXHIBITOR'S EXPENSE

Sign Here

SIGNATURE

RE-ROUTE VIA _____ BY _____

DATE _____ TIME _____ AM PM

AIR FREIGHT WILL BE BILLED ON ACTUAL OR DIMENSIONAL WEIGHT, WHICHEVER IS GREATER.

DECLARED VALUE FOR AIR SHIPMENTS ONLY
\$ _____ .00
(OPTIONAL)

Write "Transit Air Cargo" Here

Transit Air Cargo

Mark This Block

CIRCLE NUMBER OF SEPARATE SHIPMENTS IN BOOTH: 1 2 3 4 OR MORE

FREEMAN <i>Transportation</i>	STANDARD GROUND <input type="checkbox"/>	UNCRATED <input type="checkbox"/>	AIR FREIGHT <input type="checkbox"/>	NEXT DAY <input type="checkbox"/>	SECOND DAY <input type="checkbox"/>	DEFERRED <input type="checkbox"/>
OTHER CARRIERS	COMMON CARRIER <input type="checkbox"/>	VAN LINE <input type="checkbox"/>	AIR FREIGHT <input checked="" type="checkbox"/>	NEXT DAY <input type="checkbox"/>	SECOND DAY <input type="checkbox"/>	DEFERRED <input type="checkbox"/>

CHECKER	NO. PIECES	DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS	* HAZ MAT	WEIGHT (LB.) SUBJ. TO CORF.	EMERGENCY RESPONSE NUMBER REQUIRED IF HM COLUMN MARKED
		Crates Exhibition Material, K.D. (wooden)			
		Cartons (cardboard)			
		Trunks / Cases (fiber) (color) _____			
		Skids / Pallets			
		Carpets (color) _____			
		Carpet Padding			

Dale Van Oot
(Signature of Consignor)

EXHIBITOR SHALL BE RESPONSIBLE FOR ALL SHIPPING CHARGES INCURRED. EXHIBITOR'S SIGNATURE (OR THE SIGNATURE OF EXHIBITOR'S AGENT) BELOW DENOTES ACCEPTANCE OF THE TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS FORM. EXHIBITOR OR ITS AGENT CERTIFIES & WARRANTS THAT ITS FREIGHT CONTAINS NO HAZARDOUS MATERIALS, OR IF FREIGHT CONTAINS SUCH MATERIALS, THAT THE EXHIBITOR IS REGISTERED IN CONFORMANCE WITH SUBPART G OF PART 107 CFR TITLE 49, IF APPLICABLE, AND THAT THE HAZARDOUS MATERIALS HAVE BEEN PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR SHIPMENT AS REQUIRED, PERMITTED AND/OR AUTHORIZED UNDER APPLICABLE LOCAL, STATE AND FEDERAL STATUTES AND REGULATIONS.

IF NEITHER BOX IS CHECKED, SHIPMENT WILL BE SENT COLLECT: **COLLECT** **PREPAID**

BILL FREIGHT CHARGES TO:

CARRIER Transit Air Cargo

CHECKER SIGNATURE	DATE LOADED
TRAILER NO.	START TIME
	FINISH TIME
EXHIBITOR SIGNATURE	

DRIVER	DATE	PIECES RECEIVED
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