



ORDER FORM

TRADE SHOW _____ BOOTH NUMBER _____
 EXHIBITOR NAME _____

Circle all that apply: **FREIGHT TRANSPORTATION**

PICK UP ADDRESS _____

CITY _____ STATE _____ ZIP/POSTAL CODE _____

CONTACT NAME _____

TELEPHONE _____ FAX _____

EMAIL _____ Quotation # _____

PICK UP DATE _____ PCS _____ WEIGHT _____ LBS/KGS

DIMENSIONS (of all pcs) _____

INSURANCE FOR \$ _____ DELIVERY CARRIER _____

RATES FOR INSURANCE (PER DIRECTION) ARE \$4.50 / \$1000.00 MINIMUM CHARGE \$150.00, \$500 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, ACCEPTED)
 3.5% fee will be applied for credit card payments
 CARD HOLDER _____
 CARD NUMBER _____ EXPIRY DATE _____
 SECURITY CODE _____
 CARD HOLDER SIGNATURE _____
 INVOICE ADDRESS _____
 CITY _____ STATE _____ ZIP/POSTAL CODE _____
 ATTENTION _____ TELEPHONE _____ EMAIL _____
I/WE HEREBY AUTHORIZE GNS FREIGHT SOLUTIONS, AND THEIR AGENT TO ACT ON OUR BEHALF REGARDING CUSTOMS CLEARANCE, FREIGHT FORWARDING, ADVANCE RECEIVING FOR THE ABOVE MENTIONED TRADE SHOW, AND AGREE TO PAYMENT OF ALL ExpoExpress Global Event Logistics. CHARGES AS PER THE TARIFF SET OUT IN THESE SHIPPING INSTRUCTIONS. WE AGREE THAT OVERDUE INVOICES ARE SUBJECT TO 2% INTEREST

RETURN SHIPMENT: CARRIER TO BE USED IF NOT BLP _____

Circle all that apply: **CUSTOMS CLEARANCE** **FREIGHT TRANSPORTATION**

RETURN TO PICK-UP ADDRESS OR OTHER ADDRESS _____

PCS _____
WEIGHT _____ LBS/KGS

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

REQUIRED DATE: _____

To be completed on show site with GNS Freight staff member:
 I am confirming that the above outbound instructions are accurate. Any changes have been noted.

 Print Name _____ Signature _____ GNS Initials _____