Freeman¹

(888) 508-5054

NAME OF SHOW:

Fax: (469) 621-5605

Place your order online at www.freeman.com/store

Submit order forms here

COMPANY NAME:	IPANY NAME: BOOTH #:			
CONTACT NAME :	PH	ONE #:		
E-MAIL ADDRESS :				
EVERY OUTBOUND SHIPMENT WILL REQUIRE A M HAPPY TO PREPARE THESE FOR YOU AND D				
ADVANTAGE OF THIS SERVICE, PLEASE COMPLET				
SHIP	PING INFO	RMATION		
SHIP TO: COMPANY NAME:				
DELIVEDY ADDRESS:				
CITY:	STATE/		ZIP/	
PHONE#:				
SPECIAL INSTRUCTIONS:				
BILL TO: Same as Ship to: COMPANY NAME:				
DELIVERY ADDRESS:				
CITY:	STATE/		ZIP/	
			POSTAL CODE:	
Select a Carrier:	HOD OF S	HIPMENI		
☐ Freeman Exhibit Transportation	☐ Other	Carrier		
No need to schedule your outbound shipment.		Carrier I	Name:	
Charges will appear on your Freeman invoice.		Carrier F	Carrier Phone:	
Freeman will make arrangement Arrangements for pick-up by other				
Select a Level of Service:				
☐ 1 Day: Delivery next business day				
	☐ 2 Day: Delivery by 5:00 PM second business day ☐ Specialized: Pad wrapped, uncrated, or truckload ☐ Deferred: Delivery within 3-5 business days			
Select Shipment Options (if applicable)	s uays			
☐ Have loading dock		☐ Lift gate requi	red	
☐ Inside delivery		☐ Air ride require		
☐ Pad wrap required		☐ Residential		
☐ Do not stack				
Select Desired Number of Labels:		<u> </u>		

#TECHSUPERSHOW / ITEXPO 2024 / February 13-16, 2024

Once your shipment is packed and ready to be picked up from your booth, please return completed the Material Handling Agreement to the Freeman Service Center. If no outbound information is submitted, Freeman reserves the right to return the freight back to the company address on file at the exhibitor's expense.