

FOR GES USE ONLY
 LOGISTICS ROUTING

JOB#

CUSTOMER# CC ON FILE

RECEIVED (DATE/TIME/NAME)



GES FORM #1087 Rev. (3/10)

**DRIVER AFFIX
 PRO NUMBER
 LABEL HERE**

**PRESS HARD - YOU ARE MAKING 5 COPIES
 ORDER FORM FOR MATERIAL HANDLING SERVICES
 STRAIGHT BILL OF LADING - NOT NEGOTIABLE**

INSTRUCTIONS: MUST BE LEGIBLY PRINTED IN INK. COMPLETE ALL SHADED AREAS, RETURN COMPLETED AGREEMENT TO GES SERVICENTER® WHEN MATERIALS ARE PACKED AND READY FOR SHIPMENT.

BAR CODE

FROM:

Exhibiting Company Name YOUR COMPANY Booth No. YOUR BOOTH #
 Shipping Location/Exhibit Facility CURRENT SHOW LOCATION City _____ State _____ Zip _____
 Name of Event CURRENT SHOW YOU ARE ATTENDING Date Prepared _____

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

TO:

Consigned to (Ship to) ABC COMPANY Booth No. YOUR NEXT SHOW
 Destination (Street Address) 1234 ANYWHERE ST.
 City ANY CITY State ANY STATE Zip 12345
 Attention JOHN DOE Phone CELL PHONE Name of Event EVENT SHIPMENT IS GOING TO, IF APPLICABLE

SHIP VIA: GES Logistics Other Carrier _____ Exhibitors Vehicle/Other _____
 MODE: Ground Air (Next Day, 2nd Day) Vanline International (DTA DTD) Residential Inside Lift Gate

HAZARDOUS MATERIALS CONTACT NUMBER () - _____
 ↓ Mark "X" in the H/M column to designate hazardous materials as defined in Department of Transportation Regulations

CHECKER	H/M	PIECES	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	WEIGHT (Sub. to Cor.)
			Crates (wooden) Exhibition Material KD	
			Cartons (Cardboard)	
			Fiber Cases/Trunks	
			Skids/Pallets	
			Carpets (Color _____)	
			Padded Display	
			Machines	
			Miscellaneous (need description)	
			TOTAL	

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TRAILER NO.

DATE/TIME LOADED

CHECKER SIGNATURE

BILL FREIGHT CHARGES TO: Company Name YOUR COMPANY ON FILE Attention _____
 Permanent Address of Company: Street YOUR ADDRESS ON FILE WITH GES
 City YOUR CITY State YOUR STATE Zip YOUR ZIP
 Telephone No. () CELL - PHONE Fax No. () _____

EXCEPTION INFO

CAUSE

ACTION

DATE/TIME

NAME

IN THE EVENT SHIPMENT HAS NOT BEEN PICKED UP BY THE SHOW DEADLINE, GES IS AUTHORIZED TO:

- 1) Use GES Logistics or carrier of GES choice to provide transportation and charge credit card, or invoice according to GES payment policy.
 - 2) Return shipment to warehouse, assess all associated charges and charge credit card, or invoice according to GES payment policy.
- (FAILURE TO SELECT ONE OF THE ABOVE OPTIONS WILL RESULT IN ROUTING AT GES DISCRETION, FREIGHT WILL MOVE AT CLASS-125, UNDER THE NMFC. ALL APPLICABLE TRANSPORTATION CHARGES WILL APPLY)

NOTE 1: STOP! YOU MUST READ THE BACK OF THIS FORM BEFORE GOING ANY FURTHER....

I HAVE READ THE TERMS AND CONDITIONS SET FORTH ON THE BACK OF THIS FORM AND I UNDERSTAND THE CONTENTS THEREOF. I HAVE THE AUTHORITY TO BIND THE ABOVE-REFERENCED EXHIBITING COMPANY, WHICH HEREBY ACCEPTS THE TERMS AND CONDITIONS SET FORTH ON BOTH SIDES OF THIS FORM.

NOTE 2: LIABILITY IS LIMITED TO \$0.50 PER POUND PER PACKAGE, \$100.00 PER PACKAGE, OR \$1,500.00 PER OCCURRENCE, WHICHEVER IS LESS.
NOTE 3: Declared Value _____ . Excess Declared Value available from GES, up to \$20,000.00. Excess Declared Value not available for items listed in the GES Logistics Terms and Conditions.

CHECK HERE, IF REQUESTING EXCESS DECLARED VALUE (\$2.00 PER \$100.00 OF EXCESS VALUATION WILL BE ASSESSED, \$100.00 MIN CHG.) DOMESTIC AIR AND INTERNATIONAL TRANSPORTATION, CHARGES WILL BE CALCULATED USING DIM OR ACTUAL WEIGHT WHICH EVER IS GREATER SHALL APPLY.

CUSTOMER IS RESPONSIBLE FOR THEIR GOODS UNTIL THEY ARE PICKED UP BY THE CARRIER.

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between GES and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by GES and are available to the shipper on request;

COMPANY NAME: YOUR COMPANY

BY: YOUR SIGNATURE

PRINT NAME: JOHN DOE **DATE:** TODAY

This is to certify that the above named articles are properly packaged, marked and labeled, and are in proper condition for transportation according to the applicable government regulations.

Received in apparent good order, except as noted:

Carrier Name _____ Date _____

Agent/Driver (Signature) _____

Agent/Driver (Print) _____ Phone _____

CHOOSE YOUR CARRIER AND MODE. IF YOU HAVE QUESTIONS PLEASE INQUIRE WITH THE SERVICE DESK.

TOTAL NUMBER OF PIECES

ESTIMATED WEIGHT

PLEASE CHOOSE ONE IN THE EVENT YOUR SHIPMENT HAS NOT BEEN PICKED UP.

PLEASE CHECK IF YOU ARE REQUESTING EDV AND INCLUDE A VALUE.