Freight Routing Form (Upload Required)

INFORMATION ON INCOMING SHIPMENTS FOR THE SHOW

COMPANY NAME:
BOOTH #:
ORIGIN OF SHIPMENT:
CARRIER:
SHIPPING DATE:
APPROXIMATE ARRIVAL DATE:
TOTAL NUMBER OF CONTAINERS:
TOTAL WEIGHT OF SHIPMENT:
PRO/TRACKING #:

INSTRUCTIONS ON OUTGOING SHIPMENTS AT CLOSE OF SHOW

CONSIGN TO (COMPANY NAME):
TELEPHONE #:
STREET ADDRESS:
CITY:
STATE: ZIP CODE:
CARRIER: PREPAID: COLLECT:
TOTAL NUMBER OF CONTAINERS:
TOTAL WEIGHT OF SHIPMENT:

FOR SPLIT SHIPMENTS, USE SPACE BELOW

CONSIGN TO (COMPANY NAME):
TELEPHONE #:
STREET ADDRESS:
CITY:
STATE: ZIP CODE:
CARRIER: PREPAID: COLLECT:
TOTAL NUMBER OF CONTAINERS:
TOTAL WEIGHT OF SHIPMENT:

BILLING ADDRESS FOR FREIGHT CHARGES

COMPANY NAME:
TELEPHONE #:
STREET ADDRESS:
CITY:
STATE: ZIP CODE:
ATTENTION: