

Freeman.

(888) 508-5054

Fax: (469) 621-5604

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

Submit order forms here

NAME OF SHOW:	BIS 2023 / January 31 - February	2, 2023		
COMPANY NAME:		ВООТН #:		
CONTACT NAME :		PHONE #:		
E-MAIL ADDRESS :				
	SHIPMENT WILL REQUIRE A MATERIAL			
	RE THESE FOR YOU AND DELIVER THIS SERVICE, PLEASE COMPLETE AND R			
	SHIPPING I	NFORMATION		
SHIP TO: COMP.				
DELIVI	ERY ADDRESS:			
CITY:	STATE/ PROVIN	CE:	ZIP/ - POSTAL CODE:	
PH∩NI	=#:	ATTN:		
	AL INSTRUCTIONS:			
BILL TO: Sa	ime as Snip to: ANY NAME:			
DELIVI	ERY ADDRESS:			
CITY:	STATE/ PROVIN	∩E· ————————————————————————————————————	ZIP/ POSTAL CODE:	
		OF SHIPMENT		
Select a Carrier		or men		
☐ Freeman Ex	nibit Transportation 🔲 C	Other Carrier		
No need to schedule your outbound shipment.		Carrier l	Carrier Name:	
Charges will appear on your Freeman invoice.		Carrier F		
	eeman will make arrangements for all rangements for pick-up by other carriers it			
Select a Level o	• • • •			
☐ 1 Day: Delivery next business day ☐ Standard Ground			und	
, , , ,		day 🗌 Specialized: F	Pad wrapped, uncrated, or truckload	
	: Delivery within 3-5 business days			
-	t Options (if applicable)	□ l :# ===+= ==:	irad	
☐ Have loading dock☐ Inside delivery			☐ Lift gate required☐ Air ride required	
☐ Pad wrap required		☐ Residential		
☐ Do not s	tack			
Salact Desired N	umber of Labels:			

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.