## Freeman?

(888) 508-5054

Fax: (469) 621-5604

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

Submit order forms here

NAME OF SHOW: SHOT SH	now Supplier Showcase 202	24 / January 22-23, 2	2024	
COMPANY NAME: BOOTH #:				
CONTACT NAME :		PHONE #:		
E-MAIL ADDRESS :				
HAPPY TO PREPARE THE		IEM TO YOUR BOOTH	AND SHIPPING LABELS. WE WOULD BE PRIOR TO SHOW CLOSE. TO TAKE FREEMAN SERVICE CENTER.	
	SHIPPING IN	FORMATION		
SHIP TO: COMPANY NA	ME:			
DELIVERY ADI	DRESS:			
	STATE/		7ID/	
CITY:	PROVINCE	≣: ————	ZIP/ - POSTAL CODE:	
	IE#: ATTN:			
SPECIAL INST	RUCTIONS:			
BILL TO: Same as S	hip to:			
COMPANY NA	ME:			
DELIVERY ADI	DRESS:			
CITY	STATE/		ZIP/	
OITT	STATE/ PROVINCE		POSTAL CODE:	
Select a Carrier:	METHOD OF	SHIPMENT		
☐ Freeman Exhibit Tra	nsportation	her Carrier		
No need to schedule your outbound shipment. Charges will appear on your Freeman invoice.		Carrier l	Carrier Name:	
		_	Carrier Phone:	
Arrangeme	vill make arrangements for all Fronts of the nick of the proper of the real of the properties is the properties of the p			
Select a Level of Servic	e:			
<ul> <li>☐ 1 Day: Delivery next business day</li> <li>☐ 2 Day: Delivery by 5:00 PM second business day</li> <li>☐ Deferred: Delivery within 3-5 business days</li> </ul> ☐ Standard Ground ☐ Specialized: Pad wrapped, uncrated, or true				
Select Shipment Option	s (if applicable)			
<ul> <li>☐ Have loading dock</li> <li>☐ Inside delivery</li> <li>☐ Pad wrap required</li> <li>☐ Do not stack</li> </ul>		-	<ul><li>☐ Lift gate required</li><li>☐ Air ride required</li><li>☐ Residential</li></ul>	

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.

**Select Desired Number of Labels:**