

Please accept this form as your authority to provide Customs and/or Transportation services.
We wish to use LibertyCFS NV, Inc. for the following:

Customs & Transportation Customs Only Transportation Only **Return Only**

| | | | | | | |
|------------------|--------------|-------|-----|-----------------|-------|-------|
| Pick-up Location | Company | | | Exhibitor | | Booth |
| | IRS # Tax ID | | | Show Name | | |
| | Address 1 | | | Address 1 | | |
| | Address 2 | | | Address 2 | | |
| | City | State | Zip | Address 3 | | |
| | Contact | | | City | State | Zip |
| | Phone | Fax | | On-site Contact | | Cell |

| | | | | | |
|----------------------------------|--------|----------------------------------|---------|-------|-----------|
| <input type="checkbox"/> Shipper | Other: | <input type="checkbox"/> Shipper | Other: | | |
| Billing Address | | Return Freight to | | | |
| Address 1 | | Address 1 | | | |
| Address 2 | | Address 2 | | | |
| City | State | Zip | City | State | Zip |
| Contact | | Contact | | Phone | |
| Phone | Fax | | PU Date | | Arrive by |

| | | | | | | | |
|-------------|---|----------------|-----------------|------------------|-------------------------------|--------------------------------------|-------------------------------|
| Credit Card | Card Number: | | Charge to: | | <input type="checkbox"/> Visa | <input type="checkbox"/> Master Card | <input type="checkbox"/> AMEX |
| | Expiry Date: | Security Code: | E-mail Address: | | | | |
| | I hereby authorize the use of this card for payment of services related to this order form. I understand that declined credit cards are subject to a 30% surcharge. | | | Card Holder Name | | | |
| Signature | | | | | | | |

Transportation Info

| | | | |
|----------------------------------|------------------|---------------------------------|--------------------------------|
| Pick up | Date | Hours - From | To |
| Delivery | Date | Time | |
| Description of Packages/Contents | | | |
| <input type="checkbox"/> | Cartons or Boxes | Dimensions (LxWxH) | |
| <input type="checkbox"/> | Vinyl Cases | Description of Goods | |
| <input type="checkbox"/> | Wooden Crates | | |
| <input type="checkbox"/> | Flat Pieces | | |
| <input type="checkbox"/> | Skids or Pallets | | |
| <input type="checkbox"/> | Trunks | Weight | |
| <input type="checkbox"/> | Tubes | | |
| <input type="checkbox"/> | Other | | |
| <input type="checkbox"/> | Total | <input type="checkbox"/> Pounds | <input type="checkbox"/> Kilos |

Service Requested:

Express Economy LTL 5-7 Day Overseas

Inside Pickup Inside Delivery

Liftgate for pickup Liftgate for delivery

Other (Specify below)

Declared Value for Carriage

The declared value for carriage of this shipment is agreed to and understood to be \$0.50 per pound multiplied by the number of pounds of that part of the shipment lost or damaged but not less than \$50.00 per shipment unless a value is declared below and applicable charges paid thereon. Subject to the Terms and Conditions on reverse side the liability of Carrier for loss/damage is as stated below.

Enter Amount \$ _____

FAA/DOT Security Approval: Known/Unknown
Shipper Security and Hazardous Material Declaration

I certify that this shipment does not contain any unauthorized explosives, destructive devices or hazardous materials. I consent to search of this shipment. I am aware that this endorsement and original signature, along with other shipping documents, will remain on file until this shipment is delivered. I also certify that the described materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of DOT

Signature _____

Please note: When shipping to a second conference, please complete a second form

Transportation & Customs

