

INBOUND SHIPMENT FORM

**P.O. Box 21245 - Louisville, KY 40221
Ph. (502) 969-8588**

DEALINE FOR RETURN OF FORM: *July 9, 2024*

Payment Policy -

Payment in full, including tax, must accompany order and be recieved by our office by deadline to qualify for discount rates. Please complete payment authorization form.

Cancellation Policy -

Cancellation after the deadline will be charged at 50% of prevailing rate. Cancellation after installation will be 100% of prevailing rate.

VALID REFUNDS WILL BE ISSUED AFTER CLOSE OF SHOW

Late Request -

Requests after deadline will be filled as available at the standard rates.

Color/Size Selection-

Choices not indicated will be selected by AG Exhibitions, INC to coordinate with the show colors and size of exhibit.

INBOUND SHIPMENT - FOR EVENT

A.G. Exhibitions must be advised (2) weeks in advance of delivery date of any oversized freight (single pieces over 3,500 lbs or odd shaped pieces) which will require unloading / reloading.

Shipper _____
From (City / State) _____
Carrier _____
Total # of pieces _____

Date Shipped _____
Estimated Arrival Date _____
Pro # _____
Total Weight _____

CHECK ONE: **to advance Receiving Warehouse**

direct to Show Site

OUTBOUND

Shipper _____
From (City / State) _____
Carrier _____
Total # of pieces _____

Date Shipped _____
Estimated Arrival Date _____
Pro # _____
Total Weight _____

CHECK ONE: **to advance Receiving Warehouse**

direct to Show Site

EXPLANATION OF DRAYAGE

When you pay A.G. Exhibitions for drayage, you are paying A.G. Exhibitions to handle your freight from your shipping company to your booth, and back to your shipping company after the show. You are allowed to use any shipping company of your choice. But you must make all the shipping arrangements and notify A.G. Exhibitions which company will drop off your freight, and which company will handle your freight after the show. Any freight left on the show floor after move out time becomes A.G. Exhibitions responsibility. This freight will be shipped through, at their rates and billed to you, **ABF** unless prior arrangements have been made with A.G. Exhibitions.

Name of Event: 2024 NSRA Louisville KY Booth # _____ Firm Name: _____
Phone: (____) _____ Fax: (____) _____ Address _____
(street) (City) (State) (Zip)

Print/Type Name: _____ **Signature:** _____ **Date:** _____

THIS FORM MUST BE COMPLETELY FILLED OUT AND RETURNED FOR YOUR ORDER TO BE PROCESSED
PLEASE KEEP A COPY FOR YOUR RECORDS, AS WE DO NOT SEND CONFIRMATION OF ORDERS!